

David Cargill House Care Home Service

6/7 Great Western Terrace
Glasgow
G12 0UP

Telephone: 01413 394 733

Type of inspection:
Unannounced

Completed on:
18 April 2025

Service provided by:
David Cargill House, Management
Committee

Service provider number:
SP2003000009

Service no:
CS2003000834

About the service

David Cargill House is situated in the Hyndland area in the west end of Glasgow. The provider is David Cargill House, Management Committee. The residential care home is registered to provide care and support for up to 45 older people.

The home is a listed Victorian building and has a mix of twin and single bedrooms. There are a number of shared bath and shower rooms available. There are currently no ensuite facilities. There are several comfortable lounges, a hairdressing salon and a large conservatory. An accessible, well-maintained garden provides secure outdoor space.

At the time of inspection, the home had 42 people living in the service.

About the inspection

This was an unannounced inspection which took place on 16, 17 and 18 April 2025. 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 and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with four people who used the service and four of their relatives
- spoke with 14 staff members and the management team
- spoke with six visiting professionals
- observed practice and daily life
- reviewed documents
- obtained feedback from four other residents, 20 relatives, five external professionals and 12 staff through on-line surveys.

Key messages

- The care home was warm and welcoming.
- People who used the service said they enjoyed living there.
- Staff knew people well and treated them with kindness and respect.
- Families were highly complimentary about the quality of care their loved ones received.
- The service needed to improve their quality assurance processes.

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?	4 - Good
How good is our setting?	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 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 observed that people were relaxed in staff company and there was warmth, kindness and compassion being delivered. Families were complementary about the quality of care their loved ones received. One person told us, "It is wonderful here, it is warm and comfortable, my wife is happy." Another person said, "The home is welcoming to me and respectful and kind to my mum." A person using the service said, "I like getting out and about on trips and the food is always great."

How people spend their day is important in maintaining people's physical and mental wellbeing. There was a good programme of organised activities that people were encouraged to participate in at their own level and choice. Student occupational therapists also provided suitable movement and activity to meet people's needs, and complemented the activity programme on offer. Activity workers displayed photos around the home to capture how people were spending their time. These were also shared with family and friends through a newsletter. People enjoyed attending the weekly lunch club, the in-house entertainment arranged every week, arts and crafts, music and pet therapy. The home had a minibus which provided opportunities for people to engage in the community and participate in outings. People were encouraged to maintain their independence and sense of identity by continuing with meaningful relationships they had prior to and since moving into the home. The home encouraged visitors into the service and relatives were invited to participate in reviewing the personal plan for their loved ones.

We sampled food and people's mealtime experiences. The presentation and quality of food was good, and people told us they enjoyed their meals. Mealtimes were a very relaxed, unhurried experience. There was a good staff presence and those who required assistance were supported appropriately. There were menus on the table which encouraged choice, and people could choose alternative meals to suit their preferences or dietary needs.

Medications were managed effectively with safe systems in place for storage, administration and recording. We were reassured people received medication that was right for them and at the right time. There were protocols in place for those who were prescribed 'as required' medication.

Staff, spoken with, were aware of people's needs and clear who required additional monitoring, whether that was observations due to mobility or stress and distress concerns or food and fluid monitoring. This was also evidenced in daily recordings within personal plans.

People have the right to appropriate healthcare. We found oral health care was managed well and we saw appropriate management of skin issues including wounds with support from external agencies. We saw referrals and input from relevant healthcare professionals including District Nurses, Falls Team, Podiatrist, Optician, Dentists, GP, Dietician and Community Psychiatric Nurses. This demonstrated that people's healthcare was being monitored and supported staff to manage any changing needs. We spoke with visiting health professionals who offered positive feedback on the service's knowledge of people's needs, and excellent partnership working. One person told us, "The home do their best to see people as individuals. Management are very responsive, very approachable, present and caring for the people they look after." These approaches helped keep people well and ensured their health needs were being met.

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

People should have confidence that the service is well led and managed. Staff spoke very positively about the management team who were seen as being responsive, approachable and supportive. There was regular communication between management and staff, with daily handovers, which ensured everyone was aware of key issues in the home. This helped keep people safe and well.

There were effective systems in place helping to drive quality, and these were regularly reviewed by the management team. However, there was also room to further develop how these systems were managed. For example, a more robust system should include an environmental audit and a review of the cleaning schedules. This would ensure any gaps identified were addressed and acted on promptly. We discussed this with the management team who agreed the processes should be more streamlined to assist the housekeeping and domestic team with their daily tasks. We have made this an Area for Improvement. **(See Area for Improvement 1)**

People should be looked after by staff who are trained and competent. People benefitted from an induction to prepare them fully for their role. Staff we spoke with told us they were aware of the relevant procedures in which to protect people from harm, and knew how to put these into practice. A blended approach had been used with staff training. E-learning covered a wide range of mandatory training. This had been complemented with some face-to-face sessions.

Using robust recruitment procedures is important for ensuring people who use the service are adequately protected. Systems were in place to show that staff were appropriately registered with the regulatory body, the Scottish Social Services Council (SSSC). These were up-to-date and assisted the service to keep people safe and promote a professional staff team. However, staff recruitment was not consistently in line with 'Safer Recruitment through Better Recruitment' Guidance. The manager agreed to ensure gaps in people's employment will be followed-up.

Team meetings happened regularly and we could see evidence staff were being supported by regular one-to-one supervisions. Supervision is the opportunity for staff to reflect on their practice and development, and their wellbeing.

One relative told us, "I have no doubt whatsoever that any problem would be immediately addressed and resolved." Reassuringly, there were very few concerns and complaints, however, those that did arise were responded to in a timely manner. Complaint outcomes could be recorded more clearly to evidence where improvements were made and their outcomes.

There was good evidence that the management team provided a range of opportunities for people to provide feedback on the service and contribute towards improvements. Some of which included newsletters, forums and on-line surveys. Recent feedback showed that people were satisfied with the service and happy with the standard of care and support provided. This reassured us that people were encouraged to express their views, and their suggestions respected and used to ensure ongoing improvement.

Areas for improvement

1. To promote people's wellbeing and safety, the service should improve their quality assurance systems. This includes, but is not limited to, regular audits of key areas such as the environment, and infection prevention and control. They should also introduce new streamlined processes for the housekeeping and domestic staff.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS; 4.19)

and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS; 5.24).

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 décor of the home was of a time, and chosen by people experiencing care. The impressive building retained its original features which suited the needs of the people living there. One visiting professional told us, "I like the building - it's not the most modern, but it's homely and clean. I like how spacious it is and some of my service users in particular have enjoyed the opportunity to 'roam about' the communal spaces in a safe way."

The environment is warm, relaxed and welcoming. There was a comfortable seating area at the entrance hallway if people wished to sit there. The home was spacious and bright and we observed people move freely. However, we discussed with the management team the need to have risk assessments in place, as there is a large staircase leading on to each landing which may be a risk to some people due to reduced mobility.

Maintenance records were in good order, with a clear process for highlighting any required work. Consequently, the general environment was safe and secure. Some families told us they would like to see some improvements with the environment, such as a bigger lift, however, they appreciated it is an old building and this may be a limiting factor.

During this inspection, we found most areas of the home to be clean and free from odour. However, we noted that some of the carpeting in some bedrooms and communal areas of the home required a deep clean. As discussed under Key Question 2, some areas of service delivery were not being effectively monitored through management oversight or quality assurance processes, including environmental and infection prevention and control checks. We saw examples of stained carpets and Personal Protective Equipment (PPE) stations not being adequately stocked with gloves. We have made a related Area for Improvement under Key Question 2, How Good is our Leadership?

The very well presented and well used south facing garden had several seating areas and a small greenhouse for people's use. During the warmer weather, staff supported people to spend time outdoors and some people got involved with gardening and helped to maintain the outside space. This supports people to have a strong sense of their own identity and wellbeing and reduces feelings of isolation. This is especially important for people who spend a lot of time in their rooms, have advanced dementia or receive few visitors.

The home had eight shared bedrooms. During the inspection, the people who used these rooms were not related, however, families expressed their views that their loved ones were benefitting from their current living arrangements. We highlighted the importance of maintaining privacy and the service agreed to purchase new individual room dividers, as at the time of the inspection these were shared. The manager also agreed to revise the consent forms for shared rooms so that these can be regularly reviewed and updated as people's needs change.

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 people and other stakeholders can have confidence that their input helps to drive improvements at the service, the manager should ensure their feedback is included in the service improvement plan. This should be accessible and provided to everyone in a suitable format, for instance, at team meetings, through newsletters and other communication systems.

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

'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)

and

'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 9 March 2023.

Action taken since then

The service improvement plan was a live working document and included feedback from others. Their contribution has enabled the manager to identify key areas needing improved, and how best to go about this to direct improvement across the service.

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

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.