

Duncraggan Care Home Care Home Service

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Burnside
Rutherglen
Glasgow
G73 4JD

Telephone: 01416 345 898

Type of inspection:
Unannounced

Completed on:
17 July 2025

Service provided by:
Keane Premier Healthcare Ltd

Service provider number:
SP2008010039

Service no:
CS2011304632

About the service

Duncraggan Care Home is registered to provide a care home service to 24 older people, up to two of whom may be receiving respite at any one time.

The service provider is Keane Premier Healthcare Limited. The home is located in a residential area in Burnside, near Rutherglen and is a short distance from local amenities and public transport links.

The service is provided from a large, traditional detached Victorian villa which has 13 single bedrooms housed over two floors, with a stair lift providing access to the first floor. There is an adjacent bungalow offering an additional 11 single rooms. Most bedrooms are provided on a single basis with ensuite toilet and wash hand basin. Some rooms have a shower/wet room.

Each building has a communal lounge, dining space and shared bathroom facilities. The home benefits from extensive gardens and offers a peaceful area for residents and visitors to enjoy. Visitors' parking is located at the front of the home.

About the inspection

This was an unannounced inspection which took place on 15 and 16 July 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with people using the service (for people unable to express their views, we observed their interactions with staff and how they spent their time)
- spoke with staff and management
- observed practice and daily life
- reviewed documentation
- spoke with visiting professionals.

Key messages

- People spoke well of the care and support they received.
- There was a stable staff team who know the residents well.
- We found improvements in the management and oversight within the service.
- In order to promote better outcomes for people living in the home improvements could be made in the environment, opportunities for meaningful connection and activity and also in care planning.

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?	4 - Good
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

In this part of the inspection report we considered one quality indicator. We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

People should expect to be treated with compassion, dignity, and respect. We observed kind and compassionate care being provided by the staff team. Residents presented as cared for, wearing appropriate clothing and footwear, wearing their spectacles and had their walking aids at hand. Residents benefitted from the interaction of the entire staff team including management, care staff, domestic, laundry and kitchen staff. The residents spoke positively about the care and support they received and where communication was impaired we observed trusting relationships between residents and the staff team.

People should be confident they were supported by staff who knew their needs and preferences well. The consistency of the carers demonstrated a commitment to building trusting relationships. This also allows staff to notice any changes and be responsive to any changes in the person's health and wellbeing. We observed that staff were recognising and reporting concerns to the management team. All of the people receiving the support and their families spoke about the positive, trusting relationships that had been established with the care staff.

In order for people's health and wellbeing benefits from their care and support, people should be confident that the staff communicate well with other health and social care professionals. There were routine visits from professionals and staff accessed relevant professional as and when the need arose.

People should be confident that they are safely supported with their medication needs. We found that there were safe and effective processes in place with appropriate protocols. The management audit this monthly and there were good links with the local pharmacist.

People should be supported with a varied and nutritious diet that is informed by their preferences. People spoke positively about the meals and the options to alternatives. We saw that there had been recent initiatives to discuss and inform the menu with more healthy options and obtain feedback from residents and their relatives.

People should be able to have an active life and be supported to engage in meaningful connections. During the inspection we did observe an entertainer and family members were welcomed into the home with refreshments. The activity coordinator is currently absent therefore there is a lack of planned everyday meaningful activity. We observed staff connecting well with the residents however, due to time constraints this was limited. Management recognised the need for this to be improved and had agreed a temporary plan to improve these opportunities. This is a previously identified area for improvement and will be repeated. **(See Outstanding Areas for Improvement for further information).**

How good is our leadership?**4 - Good**

In this part of the inspection report we considered one quality indicator. We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator: 2.2 Quality assurance and improvement is led well

People should have confidence that the service and organisation that they use are well led and managed. The manager has been in position for less than a year and we were able to establish that the management team had introduced a number of changes in order to address the areas for improvement identified at previous regulatory activity or through self-evaluation.

We found more transparent processes had been introduced to respond to accident, incidents, protection concerns and complaints. In addition, the management team undertake regular audits and these demonstrated a clear process of analysis and the actions taken.

The manager had introduced methods to improve communication with people receiving the service, their families and other professionals. They had also introduced an improvement plan and methods to improve self-evaluation. The staff team are involved in contributing to the assessment of the care and support offered and feedback is invited. This reflected a commitment to improved self-governance.

How good is our staff team?**4 - Good**

In this part of the inspection report we considered one quality indicator. We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together

People should experience care that is responsive to their needs and staff have time to support, care and speak with them. The management used a dependency tool and an observational tool when assessing the staffing levels. During the inspection we found that staff were responsive to residents when they were present. However, there were times when the lack of staff presence in communal spaces or when residents were in their bedrooms resulted in needs not being seen. We encouraged the management to monitor this, particularly when staffing was reduced due to staff leaving the building to accompany a resident. **(See Area for Improvement 1).**

The management team recognised the importance of complying with best practice for safer recruitment, induction, registration of staff, training and supporting staff to engage in a culture of professional development. From the point of recruitment, staff are provided with opportunities to talk with the management team. This included one-to-one meetings with the manager and team meetings providing opportunities to reflect and discuss practices and dilemmas and identify learning needs.

Team meetings and daily staff handovers took place. A wide variety of topics were discussed. Staff handovers were detailed and supported staff to be knowledgeable about people's needs.

In addition, the senior team meet regularly to discuss and prioritise clinical needs and identified concerns within the home. This improved level of communication meant that the staff team were able to be responsive to emerging needs and refer on to other professionals where necessary.

The care and support provided is consistent and stable, enabling trusting relationships to be established. All of the people receiving the support and their families spoke about the high levels of consistency and the quality of care that they received.

Areas for improvement

1. To ensure that staff have time to support, care and speak with individuals receiving care, the provider should monitor staff levels and the deployment of staff at different periods of the day and obtain feedback from staff, residents and their relatives.

This is to ensure that care and support is consistent with the Health and Social Care standards which state: "my care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14).

How good is our setting?

3 - Adequate

In this part of the inspection report we considered one quality indicator. We evaluated this key question as adequate where strengths only just outweighed weaknesses.

Quality Indicator: 4.1. People experience high quality facilities

People should have confidence that they are living in an environment that is safe and maintained. The management oversee a range of regular safety checks of the environment and the equipment. During the inspection a new fire alarm system was being installed throughout the two buildings.

With a few exceptions, we found the environment to be clean and odour free. The provider had recently introduced a housekeeping lead with a view to improving standards and streamlining supplies.

People should be supported to choose how to spend their time, whether in communal areas, in quiet spaces, their bedrooms and also accessing outside areas such as a garden. There had been some recent refurbishment works which helped make them inviting and homely. During the inspection the conservatory was being decorated to provide additional communal space. This would provide additional space which has an outlook to a garden area. There was some signage to assist people in the home with orientation, but this could be further improved and reference should be made to best practice guidance especially in relation to dementia design. **(This is an Area for Improvement that will be repeated).**

Residents were at times able to access a communal garden area, however this is restricted to availability of staff or support from their visitors. During the inspection we observed the lounge doors presenting an obstacle or hazard to residents who were trying to navigate between rooms. As a result, some staff held doors open with a piece of furniture. We encouraged the management to assess the barriers which prevent movement within the environment. Management advised they would explore options which would allow these communal doors to remain open with the ability to close or self-close when necessary. We have made this an area for improvement. **(See Area for Improvement 1)**

Areas for improvement

1. To encourage people's independence and to promote physical activity, the management should undertake observations, identify environmental barriers, obtain feedback and use this information to devise an environmental improvement plan.

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

3 - Adequate

In this part of the inspection report we considered one quality indicator. We evaluated this key question as adequate where strengths only just outweighed weaknesses.

Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes.

Personal plans help to direct staff about people's support needs and their choices and wishes. Personal plans were developed in partnership with people receiving support and/or their family representatives. It was evident that the service regularly reviewed and updated personal plans.

We found improvements could be made in the quality of the personalised information in personal plans. We observed that staff held good information regarding residents' needs and preferences, however this was not included in the personal plans. We found that there was a lack of information regarding the individual's life history. This is essential information to assist staff to know how best to support a resident, build trusting relationships and also respond to residents' stress or distress. The management team recognise that the personal plan could be improved and have introduced some measures to try and upskill staff in how to complete these and also provide some templates of the standard that is expected. **(See Area for Improvement 1).**

Areas for improvement

1. To ensure that staff have the necessary information in order to build trusting relationships with the residents and know their needs and preferences, personal plans should be improved to contain person-centred information and contain the same information about the individual's life history.

This is to ensure that care and support is consistent with the Health and Social Care standards which state: 'my personal 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 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 social inclusion, the provider should develop individual activity plans. This will demonstrate how related outcomes are being met and evaluated.

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

This area for improvement was made on 4 April 2024.

Action taken since then

There are no activity plans which outline the interests or preferences of the people living in Duncraggan. We spoke at length with the management about the need for these and for regular and planned activities which is informed by the preferences and interests of the people living in the home.

This Area for Improvement is NOT MET

Previous area for improvement 2

To ensure the setting meets the needs of people, the provider should consider specialist dementia design when planning any renovations or redecoration within the home. Best practice guidance such as The King's Fund Environmental Assessment Tool and the Care Inspectorate's Care Homes for Adults – The Design Guide should be referred to.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs' (HSCS 5.18) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.24).

This area for improvement was made on 4 April 2024.

Action taken since then

There had been some recent refurbishment works and the service was awaiting some new furniture. There was some signage to assist people in the home with orientation, but this could be further improved and reference should be made to best practice guidance especially in relation to dementia design.

This Area for Improvement is NOT MET.

Previous area for improvement 3

In order to achieve comprehensive quality assurance and service improvement, the provider should ensure that all staff have the opportunity to be involved in and contribute to the self-evaluation of the service.

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.' (HSCS 3.14).

This area for improvement was made on 4 April 2024.

Action taken since then

The management were able to demonstrate that staff had contributed to the self-evaluation of the service therefore this area for improvement has been met.

Area for Improvement: 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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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