

## Whitecraigs Care Home Care Home Service

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Glasgow  
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**Type of inspection:**

Unannounced

**Completed on:**

27 June 2018

**Service provided by:**

Renaissance Care (No1) Limited

**Service provider number:**

SP2011011731

**Service no:**

CS2016346354

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

Whitecraigs Care Home is a purpose built two storey building situated in the Rouken Glen area of Glasgow. The service is provided by Renaissance Care (No 1) Limited and registered with the Care Inspectorate since 15 August 2016.

The care home is accessible to public transport routes and the motorway.

The building offers nursing care in accommodation for 58 older people which is located beside a very busy arterial route but people who use the service have access to a major park, nearby golf course and leisure complex, local shops and wider community amenities.

The care home is surrounded by well maintained grounds and a car park to the front of the property.

At the time of the inspection Whitecraigs Care Home had two vacancies.

## What people told us

Prior to the inspection we received a total of 16 completed care standards questionnaires by people who use the service and their relatives and carers where all writers gave positive feedback.

During the inspection we spoke with people who use the service and family members who were visiting their relatives. Feedback from all persons was positive regarding the service they receive.

"We find the staff and management to be kind, caring and very approachable and we very much appreciate all their hard work with our family members".

"A wonderful care home with very caring staff, showing how much they care for my relative".

"My family and myself have no complaints about the care received, we are kept informed constantly with regards any changes/needs. Well managed care home"

"With the passing of my loved one the staff looked after us as a family during the final days which was very much appreciated".

"Quite happy with everything".

## Self assessment

Care services were not required to submit a self assessment during the inspection period 2018 - 2019.

## From this inspection we graded this service as:

Quality of care and support	4 – Good
Quality of environment	4 – Good
Quality of staffing	not assessed
Quality of management and leadership	not assessed

## What the service does well

At the inspection of 2017 the service had two requirements and five recommendations. One requirement and two recommendations are repeated in this inspection report.

The residents spoken to during the inspection told us they were treated with dignity and respect. Staff are committed to providing good care and support and were observed taking a compassionate and caring approach from all employees be they nurse, care or domestic staff.

People told us they were well informed, felt listened to and their opinions were valued. These positive comments were confirmed through the feedback from the service's own surveys and questionnaires which help to shape the development of the service plan.

The care plans sampled were completed to a good standard and quite person centred and on reading there is a strong sense of the person's interests and preferences. These were sufficiently detailed to inform staff on how they should provide support for an individual. The residents and their carers told us they had assisted with the development of the care plan by providing personal details, health and social information which identified their assessed needs. They confirmed that they were regularly invited to attend meetings to review the plans contents to ensure it was accurate and helped them to meet their goals and aspirations.

There was good joint working with external health professional staff to shape the individuals ongoing care. The staff were knowledgeable of the social and health needs of residents which were recorded in the individuals' medication plan for prescribed, PRN and homely remedies and supported by the primary health care team and local doctor's surgery. The service used recognised tools to assess and record weights, skin integrity, food and fluid intake, accident and incidents and falls. To ensure positive outcomes for people who experience care the completion of these tools should follow the guidance provided which includes targets for food and fluid intake.

People who use the service are able to personalise their ensuite bedrooms and there has been a recent programme of renovation which has included bedrooms. Orientation of the building has been improved by the signage directing people to a number of communal spaces, the public lift and the garden to the rear of the building, which was observed to be well maintained by the gardener and utilised by residents and their visitors.

Residents told us they are encouraged to remain healthy by participating in a variety of activities which were published in the Newsletter. Activities happen inhouse such as reminiscence boxes, movies, musicals or visits to the local park. In the wider community the service has its own dedicated mini bus for use by residents for outings and trips such as boat trips, shopping centres and dining out.

The people experiencing care were observed to be comfortable in the presence of the staff with positive communication and interactions between all parties and we observed a good balance between promoting independence and providing support.

The management and maintenance staff completed various health and safety audits of the service and retained certificates and insurances to ensure that residents were confident that their safety was protected.

People who use the service told us they knew how to make a complaint and if they ever required doing so they would speak to the staff and manager. The provider's complaints procedure was visible on the noticeboard but the contact details of the Care Inspectorate's complaints procedure required to be updated.

## What the service could do better

We observed that the people who experience care had their privacy and dignity compromised and their meals disturbed as the administration of medication takes place from the trolley system which was sited adjacent to the dining room.

Further to sampling medication records, the previous requirement made at the 2017 inspection was not met, as record keeping lacked attention to detail and this had the potential for poor outcomes for people who staff support with the administration of their prescribed medication. (See repeated requirement 1 and recommendation 1)

Based on the short observation of practice (SOFI2) within a unit some practices could be improved by the lay-out of the lounge such as the position of chairs for viewing the television without compromising the welfare of people who wish to watch the programmes.

To improve the environment the service were redirected to their copy of the King's Fund Environmental Tool and encouraged to identify and prioritise the outcome, such as the cleanliness of cupboards; protecting privacy of individuals using the shower-room; upgrading of furnishings which appeared tired and the orientation of people who use the service through the accuracy of all timepieces.

The care service and hotel type services should ensure that best practice guidance is followed including the storage of catering goods to protect the health and welfare of the people who experience care. (See repeated recommendation 2)

An issue that was raised through the conversations with people who experience care and their relatives was the issue of the lack of respect and care for individuals' items of clothing by the laundry service. We were told items of clothes go missing and this was confirmed by our observations when we were shown the rail of residents' unreturned clothing. (See recommendation 3)

## Requirements

**Number of requirements: 1**

1. The provider must make sure that staff practice in relation to completing medication records is improved and that professional guidance is adhered to by all staff. (repeated 19/07/17)

This is in order to comply with SSI 210/2011: Regulation 4(1) welfare of service users and Regulation 5(1) personal plans.

Timescale: work to begin immediately on receipt of this report and to be completed by 30 September 2018.

## Recommendations

### Number of recommendations: 3

1. The provider should make sure that the impact of training is evaluated and that staff have regular supervision, including observational supervision, to support them to reflect on and develop their practice. (made and repeated 19/07/17)

Health and Social Care Standards:

3: I 'have confidence in the people who support and care for me'.

3:14 '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'.

2. The provider should ensure that clear and accountable action plans are produced following audits which are carried out to show what action has been taken. (made and repeated - 19/07/17)

Health and Social Care Standards:

4:1 'I have confidence in the organisation providing my care and support'.

4:19 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

3. The provider should ensure that there is a robust laundry system in place to respect and protect the clothing of people who experience care and the clothing is returned promptly to their owner.

Health and Social Care Standards:

4:1 'I have confidence in the organisation providing my care and support'.

4:8 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Inspection and grading history

Date	Type	Gradings	
14 Jun 2017	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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