

## David Walker Gardens Care Home Service

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Glasgow  
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Telephone: 01416 474 781

**Type of inspection:**  
Unannounced

**Completed on:**  
11 November 2022

**Service provided by:**  
South Lanarkshire Council

**Service provider number:**  
SP2003003481

**Service no:**  
CS2003001340

## About the service

David Walker Gardens is owned and managed by South Lanarkshire Council. The service offers residential care and support to a maximum of 50 older people of whom a maximum of 4 places will be for those 50yrs and above.

The home is situated in a residential area of Rutherglen, South Lanarkshire and has easy access to local amenities and public transport links.

The home is purpose built with parking facilities for visitors at the front of the service leading into the main entrance. The interior provides six separate units housed over three floors with two passenger lifts providing access to each floor. Each room offers spacious, apartment style living with all areas of the building furnished and maintained to a very high standard. There are also communal lounges and dining areas in each unit as well as a hair salon, beauty therapy room, cinema, café and a large, spacious communal dining room.

There is an enclosed, well maintained garden area with a pond and seating areas for people to use.

There were 40 people living in the service at the time of this inspection visit.

## About the inspection

This was an unannounced inspection which took place on 10 and 11 November 2022. The inspection was carried out by three 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 seven people using the service and eight of their family/representatives.
- Spoke with five staff and management,
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

## Key messages

- The home was clean, fresh, and tidy throughout.
- Residents were well cared for and told us they were happy living at the home.
- We saw warm and caring relationships between residents and the staff team.
- Relatives were highly complimentary and told us they were very happy with the standard of care provided.
- There were lots of opportunities for activities and socialising which kept residents socially engaged.
- Collating the documentation and information from each unit centrally will assist and provide the management team with a full overview of the service.

## 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

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

The staff team were motivated and valued by residents and their relatives. We observed kind and caring interactions between staff and residents and saw laughter, encouragement and involvement being supported. Residents told us they felt safe and happy living in the home, and commented, "There's a lovely feeling in here and I'm happy".

Relatives said they were reassured that their loved ones were well cared for, and commented, "We are more than happy and couldn't wish for anything better". This assured us that the staff team were competent, caring and considerate in their roles.

Residents were well supported with their health needs. Health records showed that a range of external professionals were visiting the home regularly to support people's health. Community nurses and the local GP had good contact with the service and supported residents with regular health checks. Where risks were identified, appropriate action was taken to keep people safe. We saw risk assessments were completed for residents who may be at risk of harm due to skin damage, weight loss or falls. This demonstrated that the resident's health needs were being reviewed and monitored to help them stay well.

We sampled healthcare monitoring charts including medication, and topical medication records. We identified that improvements could be made to the topical and 'as required' records as they were not reflecting the effectiveness of the medication. Recording the outcomes to these medications will assist the staff team to assess if further input is needed from external health professionals to ensure people are well. This had already been identified as an area for improvement by the management team who were working with staff to ensure more detailed recordings were made. Improving these records will provide assurances that people's health care needs are accurately recorded.

There were opportunities for those involved with the service to contribute towards improvements. We saw resident, relative, staff and management meetings were happening and various opportunities were available for people to give their views. People told us they felt included and their feedback was welcomed by the service. This demonstrated that people were listened to and had the opportunity to contribute towards improvements at the service.

There were opportunities for people to take part in activities or use some of the inhouse facilities, for example, the beauty therapy room, cinema or library. This encouraged and promoted choice and helped prevent feelings of boredom and isolation.

There was a large enclosed garden area which was open and accessible. We were pleased to see that some residents had been involved in planning the garden and there were lovely pictures of residents and families enjoying the garden throughout the summer months. This reassured us that residents were able to enjoy the fresh air and outdoors.

Relatives told us that during the pandemic they had been well supported and able to keep in touch through digital technology, telephone calls and window visits. Visiting was taking place in line with current guidance and people were able to visit the service again with no restrictions. This helped people maintain important

connections and support their emotional wellbeing.

The home was welcoming, clean, fresh and decorated to a very high standard throughout. The housekeeping staff completed daily checklists and had a good knowledge of the appropriate cleaning materials and processes required to ensure effective cleaning. The management team were visible and checked the environment regularly to ensure safe infection prevention and control practice was being followed.

## 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.

The service benefitted from a management team who were supported by a committed and stable team of staff.

The quality assurance system was recorded both electronically and on paper and provided information on how the service was performing. Each of the units carried out audits ranging from weight loss and medication to dependency and staffing levels.

There was a detailed development plan covering all aspects of the service from the environment to staff training and this was regularly reviewed and updated to ensure any progress was captured.

Staff were committed and motivated in their role and told us they were well supported by the management team to develop their knowledge through training and supervision. Staff had access to a range of training, however it was difficult to determine the numbers of staff who had or still had to complete training. An overview of training will assist the management team to identify gaps and determine an ongoing training plan in order to provide support to people in line with their needs.

An annual survey had been issued by the provider at the start of the year to residents, relatives and external stakeholders. This provided the opportunity for feedback and comments on how people thought the service were performing and how they could improve. We were informed the results from the survey were then sent to be analysed centrally. However, we found these results were not available to demonstrate how people's opinions had been used to ensure ongoing improvement.

Safety checks of equipment and the environment were in place to maintain people's safety. There was a maintenance log available where staff recorded any issues or repairs. We found this was not always signed on completion, and this made it difficult to ascertain if repairs had been fully addressed. This resulted in the management team having to then contact the relevant department to provide assurances that the work had been completed. Having this information available at the service will provide oversight to the management team. This is important as the management team hold day-to day responsibility of ensuring that the service is well maintained to keep people safe.

We were assured by our discussions with the manager, our observations as well as the positive feedback from people that there were effective systems in place to ensure positive outcomes for people. Improvement to the way the information from all departments is collated will assist the manager/person in charge of each shift to hold a full overview of what is happening in the service. (see area for improvement 1).

## Areas for improvement

1. In order to improve and ensure an effective quality assurance system the management team should have an overview of all audits completed, including maintenance, training and consultation. Improvements to the way this information is then collated will assist the management team to present information that provides a full overview of the service and demonstrate that any issues raised have been dealt with appropriately.

This is to ensure care and support is consistent with 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).

## 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).

## 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
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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