

## Craigend Gardens Care Home Care Home Service

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Ruchazie  
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**Type of inspection:**  
Unannounced

**Completed on:**  
10 May 2023

**Service provided by:**  
Quarter Care Ltd

**Service provider number:**  
SP2003000160

**Service no:**  
CS2003000822

## About the service

Craigend Gardens is a care home for older people and is registered to provide care for up to 48 people. Of the 48 places, respite care can be provided to a maximum of three people at any one time. At the time of inspection, there were 35 people using the service. The provider is Quarter Care Ltd.

The home is situated in Ruchazie in east Glasgow and can be accessed by public transport links within walking distance of the home. The home provides each resident with a single room with en suite toilet and wash-hand basin. The living accommodation at Craigend Gardens is provided over two floors.

The upper floor can be accessed by either stairs or lift. Each of the floors has a communal dining area and lounge area. A garden with patio areas can be accessed by residents and visitors from the ground floor dining area.

The provider states that the home aims "to provide consistently high standards of professional care in order that those we care for can live as normally as possible where their individuality, independence and dignity are respected and upheld."

There had been changes made to the management team since the previous inspection.

## About the inspection

This was an unannounced inspection which took place on 9 and 10 May 2023 where we met with night and day shift staff. 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.

To inform our evaluations: we spoke with six people using the service, five relatives, a community psychiatric nurse and a care home liaison nurse.

## Key messages

- People in receipt of support, and relatives spoken with, were satisfied with the care and support provided.
- The management team had focused on recruiting new staff to help take the service forward and reduce the amount of agency staff used. Staff recruitment should follow best practice guidance.
- Care plans and associated documentation including daily records used for monitoring needed further work.
- Activity staff were developing an activities programme which included building on community connections.
- Quality assurance systems were being developed and should be better informed by people using the service, relatives and staff.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

### 3 - Adequate

We made an evaluation of adequate for this key question. We found that there were some strengths that just outweighed weaknesses with some key areas of performance needing to improve.

We heard a number of positive comments about the standards of care and how people had benefited from the support of staff.

"The girls [staff] are great with my relative, they stimulate her by talking to her."

"Staff appear very genuine and caring."

People living in the service had benefited from warm and nurturing relationships developed with staff. Staff demonstrated a good level of knowledge of each person's current needs and preferences and how these should be met. There had been an improved focus by staff on meeting the needs of people since the previous inspection.

Relatives spoken with indicated that there had been improved communications from the management and staff teams when there had been changes in the health and wellbeing of their loved ones.

The management team supported regular visits to the home from relatives and friends. Regular access to meaningful activities is important for keeping well and helping to have a sense of wellbeing. There had been new activity staff employed and the activities programme was in the process of being developed. Connections had been made with the local community and opportunities to engage in activities and outwith the home were being developed.

Monitoring key areas including people identified at risk of not eating or drinking enough needed to be improved. This included staff fully completing associated records for monitoring and detailing actions taken if individuals missed identified targets. See requirement 1 under How well is our care and support planned?

Meal times were observed as being well-managed with staff who worked in an unhurried manner and encouraged people to eat and drink well. Menus had been developed and changed following feedback from people who used the service and staff. This meant menus reflected people's preferences and people ate better as a result.

People could be confident that medication was appropriately managed which meant people received the right medication at the right time. The new electronic system used for the administration of medication had worked well.

## How good is our leadership?

### 3 - Adequate

We made an evaluation of adequate for this key question. We found that there were some strengths that just outweighed weaknesses with some key areas of performance needing to improve.

The service had a new manager. The prime focus of the management team had been recruitment of staff to help take the service forward. Successful recruitment meant the amount of agency staff used had significantly reduced. Having a permanent staff team can help promote continuity of care.

A range of audits had been used to check if people's needs were being met and if they were being kept safe. We concluded further work was needed to improve the quality of content and better inform associated action plans to help take the service forward. Action plans needed better structure to reflect timescales for achievement and detail which individual staff had been identified to take forward.

Recognised tools had been used to help provide an overview for the manager on the changing clinical needs of people being supported. We received comments indicating that relatives feel better informed about the changing needs of their loved one. One relative told us: "There are good communications and staff share any changes in relation to mum."

Quality assurance systems which lead to an improvement plan should be informed by the views of people who use the service, relatives, staff and external agencies. The management team was keen to take this area forward.

Complaints were recorded and responded to. Ongoing work was needed to meet the findings from the Care Inspectorate complaint investigations. The management team should use information from findings and use a "lessons learned" approach to help take the service forward.

### How good is our staff team?

### 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

There had been success in the recruitment of new staff. However, we found that there were some gaps with records relating to the appointment of staff. To ensure people being supported are adequately protected, the recruitment of staff should follow the good practice guidance Safer Recruitment Through Better Recruitment. This should include carrying out robust pre-employment checks (see area for improvement 1).

Residents and relatives indicated that staff throughout the home were caring and they had developed good relationships. Comments included: "All the staff are good including nurses, care, domestic and kitchen staff."

Staff experienced good support from the new manager and shared how they thought there was improved direction and leadership. A training programme and planned supervision sessions were in place.

Having support from a well-trained and competent staff team is important for keeping people safe and well. The service had used a blended approach with training using both online and face to face training. Training offered was relevant to the role of each staff member. However, the service should use resources such as the Promoting Excellence framework to build on staff knowledge and understanding when supporting people living with dementia.

Direct observations are a good way to check staff understanding and application of training in their day-to-day practice. Reflective accounts also help staff think how training and experiences help shape the support they provide. We concluded both areas needed further work as far as recording how this helps staff and benefits people being supported.

Activity staff had been supported to exchange ideas with staff from a sister home in an attempt to develop and improve activities for people living within the service. The management team had supported the activity staff to join a national organisation to help them build on their skills and access other resources.

## Areas for improvement

1. To ensure people being supported are adequately protected, the recruitment of staff should follow the good practice guidance Safer Recruitment Through Better Recruitment. This should include ensuring robust pre-employment checks are carried out.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24).

## How good is our setting?

### 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

The home was, overall, bright and comfortable with some re-decoration completed since the previous inspection. The home offered people choices as to where they would like to spend their time. This included communal lounges and dining rooms.

The service should re-assess the environment to look at how it could be made more "dementia friendly." We suggested that the service uses environmental tools such as The King's Fund tool to help make improvements (see area for improvement 1).

Bedrooms were personalised with en suite toilet facilities. This helped staff promote the privacy and dignity of each person when assisting with personal care. We received a comment from a relative who thought that their relative's en suite toilet should be updated.

People benefited from having well-kept gardens which had been used as part of the Coronation celebrations. We discussed how the service should continue to promote the use of the gardens for people living throughout the home.

Environmental audits were completed to a good standard meaning that areas requiring improvement were identified timeously. Plans were in place for reinstating fire drills following refurbishment of fire safety doors.

Contracts were in place and equipment had been serviced and maintained aligned to manufacturers' recommendations. Equipment such as mobile hoists had been cleaned between use.

Overall, the home had been cleaned to a good standard with domestic staff understanding and following good practice which helped keep people safe and well. We identified occasional gaps in records within cleaning schedules used - this should be monitored to ensure full completion. There were plentiful supplies of personal protective equipment and staff were observed using this aligned to good practice.

## Areas for improvement

1. In order that the environment is used to its full potential and developed to meet people's needs, the manager should:

- a) Consult with residents and relatives about how they want to develop their home.
- b) Complete The King's Fund environmental tool.

This ensures 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 and wishes" (HSCS 5.18).

## How well is our care and support planned?

### 3 - Adequate

We made an evaluation of adequate for this key question. We found that there were some strengths that just outweighed weaknesses with some key areas of performance needing to improve.

The service was in the process of changing to a new electronic care planning and recording system. The manager had carried out audits to some of the care plans prior to the transfer and identified a number of improvements needed.

Whilst health assessments had been completed these were not always accurately informing associated care plans. Having an up-to-date accurate care plan is important for directing staff on how care and support should be delivered.

Care plans were not consistently reflecting the current needs of people being supported. We shared examples including the changed needs to people's dietary requirements and communication needs. Whilst assessments had been evaluated on a monthly basis some care plans had not been updated. The This Is Me section provided a summary which reflected key supports which should be provided for each person. These needed to be made readily accessible for staff.

The manager had produced a plan to ensure care reviews were in place for each person. Invites had been sent to families to discuss the current needs and how staff provided support. We looked at completed reviews and could see that feedback was sought from relatives. We concluded however, that the service had missed an opportunity to reflect what outcomes had been achieved as a result of the care and support provided. Care reviews should capture this information and shape any further plans or future goals (see requirement 1).

Relatives shared that they had been informed about the changing needs of their loved ones by staff. However, records in relation to communications made were difficult to find and inconsistent approaches in recording had been used by staff.

## Requirements

1. By 31 August 2023, the provider must ensure that personal plans are fully completed and identify all risk, health, welfare and safety needs, in a coherent manner. In addition, the personal plan must document how the person's needs are met in accordance with their individual wishes and choices.

In order to do this, the provider must, at a minimum:

- a) ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided
- b) ensure that regular reviews are carried out to ensure the personal plan continues to meet the person's needs and wishes
- c) ensure that the managers are involved in audits of records.

This is in order to comply with Regulation 5(2)(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 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 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).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

We made this requirement following a complaint investigation.

The provider must ensure that personal plans are fully completed and identify all risk, health, welfare and safety needs, in a coherent manner. In addition, the personal plan must document how the person's needs are met in accordance with their individual wishes and choices. In order to do this, the provider must, at a minimum:

- a) undertake a full assessment of the resident's needs, wishes and choices
- b) ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided
- c) ensure that regular reviews are carried out to ensure the personal plan continues to meet the person's needs and wishes
- d) ensure that the managers are involved in audits of records.

To be completed by 28 April 2023.

This is to ensure care and support is consistent with Health and Social Care Standards 1.15 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.



This is in order to comply with Regulation 5(2)(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

**This requirement was made on 2 March 2023.**

#### Action taken on previous requirement

The management team had updated assessments for each of the people living within the service. This part of the requirement is met.

We concluded that further work was needed to ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided. This includes records relating to the daily support and monitoring of people identified at risk. This part of the requirement had not been met.

The management team had put in place a programme of care reviews and was working through this. At this point, this part of the requirement had not been met. The process of auditing care plans had commenced. This was being worked through prior to the transfer onto a new electronic care planning system. This part of the requirement had not been met.

See comments under How well is our care and support planned?

**We have made a new requirement to address the outstanding issues.**

**Met - within timescales**

## 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

This area for improvement was made following a complaint investigation.

People experiencing care should have confidence that there are sufficient staff available to support them and meet their needs in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15)

**This area for improvement was made on 10 February 2023.**

#### Action taken since then

The manager had updated dependency assessments and used this information to increase staffing within the home. The management team should continue to monitor the deployment of staff on each shift.

**This area for improvement has been met.**

## Previous area for improvement 2

This area for improvement was made following a complaint investigation.

People experiencing care should have confidence that there are effective systems in place to manage personal clothing and property to avoid any unnecessary loss.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23)

**This area for improvement was made on 10 February 2023.**

### Action taken since then

An inventory was first completed when people were admitted to the service. The management team was currently looking at systems to improve this for people who have been in the service for a period of time.

**This area for improvement has not been met and remains in place.**

## Previous area for improvement 3

This area for improvement was made following a complaint investigation.

People experiencing care should have confidence that opportunities for meaningful activity will be provided which take account of their needs, preferences and abilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me" (HSCS 3.13)

**This area for improvement was made on 10 February 2023.**

### Action taken since then

New activity staff had been employed since the previous inspection. The activities programme was being developed. We observed improved opportunities for people to engage in activities.

**This area for improvement has been met.**

## Previous area for improvement 4

This area for improvement was made following a complaint investigation.

To ensure people experience good support with their nutritional and hydration needs, the provider should ensure that:

- a. accurate monitoring is undertaken in accordance with service procedure and appropriate actions taken to mitigate any risk of dehydration/malnutrition.
- b. monitoring information is used to inform and review care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

This area for improvement was made on 10 February 2023.

#### Action taken since then

This area for improvement is no longer in place and has been incorporated into a new requirement under How well is our care and support planned?

#### Previous area for improvement 5

This area for improvement was made following a complaint investigation.

People experiencing care and their family representatives should have confidence that staff will consult with them over the development and review of care plans. This will ensure that the actions to be taken when responding to changes in people's health and wellbeing are agreed and recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account" (HSCS 2.12).

This area for improvement was made on 10 February 2023.

#### Action taken since then

The management team had developed a programme of care reviews and had extended invites to relatives. This was at an early stage.

This area for improvement has not been met and remains in place.

#### Previous area for improvement 6

This area for improvement was made following a complaint investigation.

People experiencing care should have confidence that staff will engage with their family/legal representative to ensure the arrangements for communication around matters relating to their health and wellbeing are clarified and recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account" (HSCS 2.12).

This area for improvement was made on 10 February 2023.

#### Action taken since then

Feedback from relatives spoken with indicated that there had been improved communications when there had been changes to the health and wellbeing of their loved ones. However, the service needed to improve consistency in relation to recording communications made with families.

This area for improvement has not been met and remains in place.

## Complaints

Please see What the service has done to meet any requirements we made at or since the last inspection and What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also see our website for details of complaints about the service which have been upheld. [www.careinspectorate.com](http://www.careinspectorate.com)

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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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