

# Cartvale Care Home

## Care Home Service

94/102 Clarkston Road  
Cathcart  
Glasgow  
G44 3DH

Telephone: 01416 370 577

**Type of inspection:**  
Unannounced

**Completed on:**  
16 August 2023

**Service provided by:**  
Cartvale Care LLP

**Service provider number:**  
SP2004007156

**Service no:**  
CS2004086243

## About the service

Cartvale Care Home is situated in the Cathcart area of Glasgow and is operated by Cartvale Care LLP.

The service is located on a main bus route and is close to a range of local amenities including, local shops.

The home can accommodate up to 30 older people. There were 30 people residing in the service at the time of the inspection. Those living in the service had access to two lounge areas, a dining room and a well maintained central courtyard garden.

People were encouraged to personalise their own rooms.

## About the inspection

This was an unannounced inspection which took place between 13 and 16 August 2023. The inspection was carried out by one inspector 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 four people using the service and nine of their family
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents

## Key messages

- People are supported by a caring stable staff team.
- There is ongoing development of quality assurance tools.
- Opportunities for meaningful activity and social interaction should be further developed.
- Overnight staffing levels should be reviewed
- Staff are well trained.
- Personal plans should be more person-centred and outcomes focussed.

## 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?                | 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?

4 - Good

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

We observed staff and saw they supported people with warmth and kindness. They knew people well and engaged in conversation with people about their personal interests and life experiences. Personal care appeared to be handled discreetly. We observed residents benefitting from positive interactions with members of staff. This demonstrated that people were supported with compassion, dignity and respect.

The home had an activities worker who organised activities, outings and events both in and out of the home. Examples were; trips to museums, football grounds, attending local church and trishaws used by cycling without age. During the inspection we observed residents, their friends and families, and staff enjoying a Spanish themed afternoon on the patio. We also observed the activities worker leading fun movement and music-based activities that residents appeared to enjoy. Family members we spoke to during the inspection reported that they visited regularly and felt welcomed by staff. This meant that the service supported people to access new experiences in the community as well as in the home and that existing relationships were supported.

The home supported many people with dementia and others with visual or hearing impairments. We spoke to the activity worker who identified that there were some residents who might benefit from some more specialised activity. Some residents told us that they chose to stay in their rooms as they found it difficult to engage with other residents. This meant that unless they had family visiting, they felt they were isolated. We directed the activities worker and the management team to resources that would support a more person-centred approach to support all of the care home residents to have their social needs met and to have stimulation that suits them. **(See area for improvement 1)**

We heard some concerns from residents, families and staff members that they felt that the staff numbers may be too low at night. One resident said they felt they had to wait a long time on their buzzer being answered at night and families said that when they had had reason to raise concerns these had been with issues that happened on night shifts. Management agreed to review this. **(See area for improvement 2)**

When reviewing medication recording, we found that protocols for medications to be given 'as required' were saved in personal plans. This meant that the information required was not readily available. This would be an issue when staff who do not know a person as well were on shift. The manager told us that this was not how this information was meant to be stored.

We observed meal times in the home and saw people enjoying a choice of options. People also had a choice of where to eat which meant they could eat somewhere quiet if they wanted to. We were told the food was tasty and that there was always more than enough.

The service made referrals to other health professionals when appropriate. People had been seen by dieticians regarding weight loss and one person was awaiting a visit from the falls team. This meant that the service worked with others to give people good care.

## Areas for improvement

1. The service should ensure the activities worker has the support, information, resources and skills to lead the home in a whole system approach to ensuring all residents have access to social interaction and meaningful activity.

**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)**

2. Management should review and monitoring staffing on the night shift to ensure the same quality of care is available at all times.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.' (HSCS 4.17)**

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

A culture of continuous improvement can support improved outcomes for people and for staff. The provider had developed systems for quality assurance. We found that there were good tools for auditing in use within the home. These included recognised good practice tools for auditing such as falls and pressure ulcer safety crosses. A 'Resident of the Day' system that was used to ensure each resident had a full audit of their care. We reviewed these and found that the section on the individual's personal outcomes was regularly incomplete. The management team should ensure that audit tools are completed in full. Although this showed progress from our last inspection we have reinstated this area of improvement as ongoing development work was needed. **(See area for improvement 1)**

This service had the required tools to audit service quality effectively, however, these were not being used to improve outcomes for people. For example, we reviewed falls reporting and recording processes. While the service has good recording processes in place, these were not being completed thoroughly and therefore factors that contributed to people's falls may have been missed. **(See Area for Improvement 2)**

The manager shared that they preferred to deal with complaints straight away and informally. This meant that there was no evidence of how complaints received by families were processed and dealt with. The service would benefit from improved recording of how concerns/complaints were managed. This would ensure a clear expectation for both sides on how complaints will be handled. **(See area of improvement 3)**

The service had implemented a development plan which showed how the home plans to improve. This could be improved by more focus on outcomes.

We heard mixed views from families about communication between them and the service. The management team agreed to explore ways to improve communication.

### Areas for improvement

1. To support a culture of continuous improvement, the provider should ensure that quality assurance processes are carried out competently and effectively and in a manner which achieves improvements in the provisions of the service.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)**

2. The manager should implement a robust multifactorial risk assessment process for falls. This should ensure that any and all possible factors influencing falls are recording so that patterns can be found.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "4.11 I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11)**

3. The provider should review the complaints handling policy and procedures. This is in order to ensure that complaints are recorded and their handling can be evidenced when required.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I know how, and can be helped, to make a complaint or raise a concern about my care and support" (HSCS 4.20)**

## How good is our staff team?

## 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 had a well-developed training and development programme. This included a robust induction programme to ensure newly appointed staff were prepared for their role.

Online and in person training was provided to staff. Mandatory training included; dementia awareness, fire awareness, first aid, food hygiene, Adult Support and Protection, health and safety, infection control and manual handling. A focus on dementia training was planned. A system was in place to monitor compliance with the training programme ensuring effective management oversight. A system was also in place to ensure that staff members had the appropriate professional registrations and that and conditions on these were met.

The home had implemented a 'policy of the month' check. This ensured that there were opportunities to check understanding and implementation of the correct procedures.

Reflective practice supports a culture of continual improvement. We saw that reflective practice was encouraged through the supervision system. Management were considering ways to develop this further to explore what worked well and where improvements could be made.

Recruitment had been brought in line with best practice, appropriate references had been sought and checks had been made.



**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 home comprised of single bedrooms with en suite facilities. Bedrooms were of a good size and people were able to personalise these if they wished. We were pleased to see that the outdoor space was safe and accessible. It was well used by people and their visitors.

Residents benefitted from a choice of seating areas for both social time and mealtimes. This meant that people were able to choose to be in busier or quieter areas.

The layout of the building allowed for people to walk around the building, following the path and find their way back round. Signage was clear and handrails and doors were painted different colours from the walls to ensure they could be found easily.

The home had designed the dining room in consultation with residents and had included a bar area that was used for social events.

The home was clean and well kept. Though some areas of the home were in need of redecoration, this was part of a planned schedule of refurbishment. The home employs a maintenance officer who ensured that repairs were carried out in a timely manner.

Some enhancements could be made. The home should consider areas of interest on the walls for people to engage with. Both lounges should be arranged in a way to ensure a more convivial atmosphere. The management team planned to ask staff members to carry out an audit using the King's Fund tool so they can understand the impact the environment has on people living with dementia.

## How well is our care and support planned?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had electronic personal plans in place. Personal plans gave staff direction on meeting people's care needs. However, they were very task focussed and lacked outcome focussed person-centred information about their life history or their likes and dislikes. This meant that staff did not have access to information that could be used to build rapport and engage meaningfully with residents. Direction for supporting people to manage stress and distress was lacking. Personal plans should set out how people's needs will be met as well as their wishes and choices. This helps to ensure a consistent approach to care that meets people's needs and is right for them. **(See area for improvement 1)**

Anticipatory care plans were in place for most residents this meant that the service knew what people wanted to happen should their health deteriorate and could meet people's end of life wishes appropriately.

Where people could not give informed consent appropriate legal arrangements were in place to support decision making. However, family members reported that they hadn't been involved in reviews which may mean that information about people's past wishes may have been missed.

The resident of the day system was designed to ensure that plans were reviewed regularly. These appeared to be followed. Information was not consistently updated during these reviews. The resident of the day approach could be better used to support people to identify personal outcomes. The actions taken to meet these should be recorded in the care plans.

### Areas for improvement

1. The service should support staff members involved in writing and reviewing care plans to understand the importance of writing person-centred care plans and to develop their skills in writing in an outcome focussed, person-centred way.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To ensure that people experience care in an environment that is clean and minimises the risk of infection, the provider must ensure that internal premises, including furnishings and mattresses are clean.

**This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22).**

**This area for improvement was made on 2 May 2022.**

#### Action taken since then

The service had implemented a robust method of checking to ensure standards are maintained. These included:

1. Resident of the day audits with a mattress check every month and a robust continence care plan with Must do actions for residents with continence issues, also evaluated monthly.
2. Housekeeper/ senior carer room checks daily.
3. Detailed manager walk rounds daily.

The above will supplement our daily cleaning schedule, touch point cleaning, care staff cleaning duties, day and night.

**This has been met.**

#### Previous area for improvement 2

To support a culture of continuous improvement, the provider should ensure that quality assurance processes are carried out competently and effectively and in a manner which achieves improvements in the provisions of the service.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "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 2 May 2022.**

## Action taken since then

The service has developed audits including resident of the day, and manager walkaround audits that can be completed electronically. Accidents and incidents forms are completed including for falls.

How the information is used to drive improvement could be more robust. This remains a work in progress.

**Not met**

## Previous area for improvement 3

To ensure that people who experience care can be confident that the service is prepared for an outbreak of infection within the home an up to date and detailed outbreak contingency plan should be in place. This should take account of current Public Health Scotland guidance and be part of the wider business continuity plan.

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

**This area for improvement was made on 2 May 2022.**

## Action taken since then

Audits have been amended to reflect actions, timescales and responsible person. These are discussed at monthly head of department meetings and outstanding actions appropriately delegated for closure.

**This has been met**

## Previous area for improvement 4

A service improvement plan should be developed with input from the people who use the service, families/representatives, staff and stakeholders. Where improvements are identified clear action plans, with timescales for completion, should be recorded. Regular reviews of the progress made should be undertaken and recorded.

**This is to ensure care and support is consistent with the 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)**

**This area for improvement was made on 2 May 2022.**

## Action taken since then

This has been developed. Though it could be improved further, which is discussed in the report and the manager.

**It has been met**

## Previous area for improvement 5

The provider should ensure that people experience care which is provided by staff who have been safely recruited and supported into their new roles. All recruitment should be completed in line with the Scottish Social Services Council's "Safer Recruitment, Through Better Recruitment" guidance.

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

This area for improvement was made on 2 May 2022.

#### Action taken since then

recently recruited people have been recruited in line with best practice. The manager must remember to have information required in writing and stored where it can be found.

**This has been met.**

#### Previous area for improvement 6

The provider should ensure that people are supported by a staff group fully trained to meet their assessed needs. To achieve this the provider must produce a training needs analysis and staff development plan that reflects the needs of the people who experience care and the staff group.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards that 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 2 May 2022.

#### Action taken since then

Training has been delegated to the deputy who has developed mandatory and induction training programme.

Individual training needs are discussed with staff.

The service is Responsive to looking at new opportunities for training.

**This 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](http://www.careinspectorate.com).

## Detailed evaluations

|  |               |
|--|---------------|
| How well do we support people's wellbeing?                             | 4 - Good      |
| 1.1 People experience compassion, dignity and respect                  | 5 - Very 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 | 4 - Good      |

|   |              |
|---|--------------|
| 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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