

## Cathkin House Care Home Care Home Service

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Nerston  
East Kilbride  
Glasgow  
G74 4PA

Telephone: 01355 234 070

**Type of inspection:**  
Unannounced

**Completed on:**  
17 August 2023

**Service provided by:**  
Care UK Limited

**Service provider number:**  
SP2003002341

**Service no:**  
CS2011300794

## About the service

Cathkin House Care Home is a purpose-built home situated in Nerston Village, East Kilbride.

It has easy access to local amenities and transport links. The provider is Care UK Limited and the service is registered to provide care and support to a maximum of 44 older people.

The care home has 44 single rooms with en-suite shower facilities over two floors. There is a passenger lift providing access to the upper floor. There is a communal lounge, dining area and one bathroom on each floor.

There are gardens surrounding the home which offer places to sit for people to enjoy being outside. There are car parking spaces to the front and side of the building.

At the time of this inspection there were 42 people living at the home.

## About the inspection

This was an unannounced inspection which took place on 15 and 16 August 2023 between 07:30 and 19:30. 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 10 people using the service and 5 relatives;
- spoke with 11 staff and management;
- observed practice and daily life; and
- reviewed documents.

## Key messages

- People experienced very good outcomes and were supported by motivated compassionate staff.
- People had access to a range of meaningful and social opportunities.
- Managers had good oversight of the home.
- The management team should use self-evaluation to strengthen their quality assurance processes.
- Staff numbers and deployment were well planned and regularly assessed.
- People benefited from a clean comfortable environment.
- People and their families were involved in creating detailed and person centred care plans that supported good outcomes.
- New ways of measuring and recording outcomes for people will ensure people continue to receive care that is right for them.
- Since the last inspection the two outstanding requirement and five areas for improvement have all been met.

## 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
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	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.

People were treated with kindness and respect. We saw warm and pleasant interactions and there were very good relationships between staff and the people supported. Staff knew people well, and people described having had trust and confidence in the staff and management team. This helped provide assurance that people were treated with compassion.

Residents were supported to identify and achieve their wishes and aspirations. Staff encouraged people to explore and share their wishes so these could be achieved. We heard about opportunities people had to go fishing and then cook what they caught, go to the football and a shopping trip to Edinburgh. This helps people get the most out of life.

People should be able to have an active life and participate in a range of meaningful activities. Regular group and 1:1 activities were happening in the home. Feedback we received from people showed that staff promoted a variety of activities that helped to make people feel engaged, happy and included.

Meaningful connections were encouraged in the home. Staff knew residents well and supported friendships to develop. Staff had time to spend with residents who were isolated in their rooms, and engage in activities that were important to them. This was recorded on an electronic system that families could view. This helps promote wellbeing and keep people connected.

People should expect their health to benefit from the care and support provided. Health assessments and regular risk assessments took place, and the home had good links with multidisciplinary professionals. We could see improvements in the completion of charts to monitor people's health and well being. People were confident their health needs were well looked after. One relative told us "The home has been a God send. I have peace of mind knowing my mum is safe and well looked after".

Staff believed in people's abilities, strength and potential and as a result outcomes for people were very good. People had the opportunity to prepare snacks and drinks independently, while others could participate in cooking their own meals. One relative told us "my mum is like a changed person since coming to Cathkin House. She can now do things for herself again and is so much better than she was at home". This showed how support is designed to achieve very good outcomes for people around their needs and wishes.

Support plans and risk assessments were a reflection of people's strengths and abilities. People were encouraged to take an active role in reviewing their personal plan and families were routinely involved in this process. This assured us people received care that was person centered.

Meetings and reviews were regularly taking place to gather views and suggestions on how to take the service forward. The recording of these meetings had improved to demonstrate outcomes to the actions identified, giving assurance that people were listened to and their views were valued.

Meal times were relaxed, well managed and unhurried. Management aimed to promote the consistent quality of mealtimes to ensure people dine with dignity. We saw regular observations of practice were used to raise staff awareness of good practice. Residents had the opportunity to experience a "fine dining experience", while others could be involved in the preparation.

People's medication was managed safely. The service was proactive in the management of stress and distress symptoms of people living with dementia. There was good oversight and regular reviews to ensure a minimum use of psychoactive medication and to develop person-centred care plans to help people feel safe and at ease.

## 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.

Feedback about the quality of management and leadership was positive. People found the management team very accessible and responsive. Staff appreciated the open and supportive style of management. This helped to make people feel confident about the service and made them feel listened to.

The managers used effective quality assurance to be aware of the service's strengths and areas that needed further improvement. The home had an ongoing service development plan to ensure that necessary improvements were made and to drive further development of the service. This was regularly updated to show progress and identify areas for improvement. This could be further enhanced through consideration of a more user friendly format that is shared and accessible to key stakeholders. This ensures people are involved and remain fully informed of changes and developments in the home.

The management team demonstrated good oversight within the home. There were frequent meetings to discuss matters in the home involving all staff. We saw evidence of analysis of incidents including falls with actions taken to reduce the risks. This proactive approach ensures people are kept safe from harm.

Resident and relative meetings were happening regularly, and any matters highlighted were acted on as needed. We suggested that minutes from these meetings could be improved to clearly show actions taken and progress made. We saw evidence of asking people for their feedback through recent staff and resident questionnaires. People we spoke to told us, "The management are very approachable and will take on board our views and wishes". This gave us assurances that people's views and opinions were sought and valued.

There was a range of audits in place to drive improvement and check the quality of care and support provided by staff. Some of the staff were involved in quality assurance, for example by becoming a champion for a particular area of practice such as infection prevention and control and dementia. We saw evidence of staff completing observations of practice such as the care received for people living with dementia. This helped to ensure that people's needs were met well whilst also supporting staff development.

Staff and residents should continue to have the opportunity to be involved in a range of opportunities for quality assurance. We discussed how the service could further enhance their quality assurance processes through the use of regular self-evaluation to contribute to the service improvement plan which was already in place. We signposted the management team to the Care Inspectorate "Self-evaluation for improvement - your guide" in conjunction with the "A quality framework for care homes for adults and older people" to promote opportunities to evaluate the service. This ensures people benefit from a culture of continuous improvement (See Area for Improvement 1).

<https://hub.careinspectorate.com/media/3783/self-evaluation-for-improvement-your-guide.pdf>

<https://hub.careinspectorate.com/resources/quality-frameworks-for-care-services/qfcarehome-adults->

olderpeople/

## Areas for improvement

1. So that people can be sure quality assurance drives change and improvement where necessary, the provider should:

- a) Develop the use of self-evaluation as part of quality assurance.
- b) Ensure the implementation and monitoring of self-evaluation demonstrates the involvement of key stakeholders

This is to ensure that 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).

## How good is our staff team?

## 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, respectful and supportive and shared the aims and values of the service. This meant that people living in the home were cared for and supported by a dedicated and positive workforce.

Staff worked well together to support the outcomes for people. They were flexible and responsive to people's needs and people told us "staff can't do enough for me". This ensures care and support is consistent and stable.

There was a staffing assessment to support with decisions on staffing arrangements. This was based on a range of factors including the wellbeing of residents and took into account their needs and wishes. Staffing arrangements were transparent and took into account the views of staff and residents. The management team shared decisions made about staffing at staff, resident and relative meetings. Staffing arrangements were flexible and changed in response to individual needs. This meant there was the right number of staff at the right time to meet people's needs.

The views and well-being of staff were another key factor when assessing staffing. We saw an improvement in staff feeling listened to in relation to staffing levels. There were regular opportunities to recognise achievements and positive impact from staff. Staff wellbeing was a priority for the management, and we heard of the steps they had taken to ensure they had the correct skills and resources to promote staff wellbeing. We heard good feedback about the recent events held to celebrate the valued work from staff and celebrate good practice. This helps staff feel valued and supported.

Staff provided quality care and had the opportunity to spend meaningful time with residents. Staff's perception of staffing levels in the home had improved and everyone we spoke to told us there was enough staff. Staff told us they had time to have meaningful interactions with people and recognised the importance of this. This allowed staff to foster good relationships with residents as they valued and

prioritised opportunities for good conversations. This assured us people received compassionate care and ensures people get the most out of life.

People told us they had confidence in the staff team. There had been a number of new staff since the last inspection however we heard that staff know people well. There was an effective induction and buddy system in place. Staff had access to the right information about a person to support their specific needs and outcomes. This ensures people continue to experience consistent high standards of care to meet their individual needs.

Supervision for staff had improved and the recording of this demonstrated clearer objectives, actions and follow up. These sessions provided opportunity for discussions about work and how best to improve outcomes for people. This enabled staff to develop their individual strengths, skills and interests to achieve good outcomes for people.

Staff were clear of their roles and worked well as a team. We heard about staff's flexible approach and how they worked well together to ensure the needs of the residents were met. There was a strong sense of community in the home through the involvement and investment from all staff. This ensures care and support is consistent and stable.

## 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 was clean, homely and welcoming. People's rooms were personalised and well equipped. Domestic staff had a good knowledge of the appropriate cleaning materials and processes required to ensure effective cleaning. This meant that the environment supported good outcomes for people by giving them a comfortable place to live.

We saw evidence of regular maintenance and safety checks. Repairs were recorded and actioned in a timely manner, and the format these were presented in was now clearer and more effective. We also saw improvements in communication of environmental issues which gave us assurances any issues were identified and actioned in a timely manner. This ensures residents have access to a safe environment fit for purpose.

Refurbishment was ongoing in the home. Since the last inspection the home had used best practice guidance, the "King's Fund Tool" to evaluate the quality of the environment. Actions identified were then progressed within the service improvement plan, such as improvements to the garden, living areas and the use of colour and contrast. There had been an improvement in directional signage to promote way finding and to orientate people living with dementia. This helps promote independence for people living in the home.

We saw an improvement in the use of space within the home. The communal bathroom on the ground floor had been de-cluttered and was now in working order. The management team had reviewed the dining experience for residents, with areas now better organised with sufficient seating. This helps promote choice and comfort for people living in the home.

Communal and social areas were now well used by residents. People were involved in sharing their views about the environment and how this could be improved. We saw evidence of regular meetings to identify

and facilitate improvements to the home. We heard about some creative plans to develop the space in the home, including making a fashion and music area to promote reminiscence, as well as a café area for people to prepare food. We look forward to seeing the impact of this once completed. Residents had been involved in planning the use of space and choosing the decoration in the home. This helps create a homely comfortable feel.

Residents had freedom of movement and there was a variety of communal and private spaces where people could choose to spend time. We saw people meet up with their friends from different parts of the home and enjoy meals together. This allows people to make choices and decisions about where they spend their time.

People should have access to outdoor space and fresh air. At the time of inspection parts of the garden were out of bounds awaiting repair, however residents could still choose to spend time in an alternative enclosed safe garden space. We heard about people enjoying outdoor space and being involved in developing a sensory garden. There was a planned sports day and families told us they enjoyed the recent barbeque. This provided people with an enjoyable space to spend time outside.

## How well is our care and support planned?

4 - Good

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

Personal plans provided good quality and person centred information. They gave a sense of the who a person was, what mattered to them and what goals and wishes they had. Life histories helped staff to build relationships and have good conversations about what is important to people.

Personal plans were easy for staff to follow and provided details of people's healthcare needs, abilities and choices. We saw an improvement in the consistency and quality of information within them. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals.

The personal plans were strength based and focused on how to promote independence and skills. We saw good quality information recorded in the daily notes which recognised a person's abilities and promoted good outcomes. This ensures that care is being lead by a person's choices and preferences.

Monthly reviews and formal 6 monthly reviews took place which involved the resident, their relatives and social work. From the evidence provided it was not clear how outcomes for people and their satisfaction with their current care was evaluated. The management should consider how they can effectively measure and record progress made towards better outcomes for people. This collaborative approach ensures personal plans remain up to date and relevant (see Area for Improvement 1).

Risk assessments were in place and up to date. We saw risk assessments completed for those at risk of harm due to falls, skin breakdown or poor dietary intake. The assessments recorded how to keep people safe, and the actions needed to reduce risk. There was evidence of links and regular contact with GP's and external health professionals for advice and support. This ensures people receive timely and responsive care.

People living in the home were listened to and involved in decisions about their future care. The home had taken steps to improve end of life planning for people living there. Anticipatory care plans were in place for people who wanted them with improved detail on people's wishes. Managers told us of the new project they



were starting using the "Purple Butterfly" approach to improve the experience of end of life care. This focus on improvement ensures people continue to receive care in line with their wishes.

Personal plans were recorded on an electronic system and could be accessed by staff and shared with family and residents. Management agreed to consider how people could have access to their plans in a format suitable to their individual needs. We directed the management to the Care Inspectorate "Personal Plan Guide" to support with self-evaluation and continue to drive improvements. This will ensure that people's plans are right for them.

<https://hub.careinspectorate.com/resources/personal-planning-guides-for-providers/>

## Areas for improvement

1. To ensure better outcomes for people experiencing care, the provider should consider new ways to measure, evaluate and record progress made towards identified outcomes for people.

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

"My care and support meets my needs and is right for me" (HSCS 1.19).

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

## Requirements

### Requirement 1

By 1st May 2023, the provider, must implement a system to ensure that there is an effective, up to date quality assurance system in place which can demonstrate continuous improvement. Where areas requiring repair and improvement have been identified within the auditing system, there must be up to date and sufficient information to show actions taken to minimise risk, and progress made until fully resolved.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

**This requirement was made on 14 June 2022.**

## Action taken on previous requirement

The home had a service improvement plan in place which showed areas for improvement identified. The format and organisation of this had improved. This was updated on a weekly basis to clearly demonstrate action taken and progress made. Staff had completed an environmental audit using the Kings Fund Tool which helped identify changes that could be made to improve the standard of living for people with dementia. We saw evidence of the improvement plan being continually updated and new areas for improvement added. This helped to enhance the quality of the environment.

There were maintenance log books on each floor which showed repairs identified, action taken and date of completion. Environmental issues were also discussed at daily staff meetings which ensured issues were identified and actioned in a timely manner.

## Met - within timescales

### Requirement 2

To ensure the health and wellbeing of people experiencing care, the provider must ensure that effective systems are in place to monitor the clinical presentation of people, to ensure that early contact is made with medical services if their condition changes or deteriorates. To be completed by: 24 March 2023

This is in order to comply with: Health and Social Care Standard 3.18:

I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

**This requirement was made on 6 January 2023.**

## Action taken on previous requirement

Risk assessments and monitoring charts were in place which were completed appropriately and kept up to date. There were daily meetings in place where staff shared important changes to people's presentation. We also saw evidence of regular weekly clinical review meetings between management and senior care staff which ensured good oversight and monitoring of people's health needs.

The home had good links with the GP who attended the home twice weekly and we saw evidence of people being referred promptly to external health professionals when their needs changed. There was a new communication system in place to ensure detailed and relevant information is shared with health professionals when a change is identified.

## 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

To ensure people feel valued and their views and choices respected, the provider should ensure any suggestions/requests from consultation are recorded within an action plan and updated until positively concluded.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that:

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS2.11).

**This area for improvement was made on 22 June 2022.**

#### Action taken since then

The home had completed resident, relative and staff surveys which the feedback from these had fed into the service improvement plan. We saw evidence of action being taken in response to feedback received.

There were regular relative and resident meetings taken place where people had the opportunity to share their views and opinions. We saw minutes from these meetings which showed action taken in response to this feedback.

The management operated an "open door" policy and feedback was that they were approachable and supportive. People felt able to share their views and choices with the team and reassured that these would be acted upon. We saw evidence of changes being made to address identified issues in the home and people told us they had confidence that staff would act on their concerns.

This area for improvement has been met.

#### Previous area for improvement 2

To support staff to feel valued, listened to and their views and suggestions taken into account the provider should ensure staff have the opportunity of attend regular supervision and staff meetings. Issues and suggestions from these meetings should be included within an action plan with evidence of actions taken until resolved and positively concluded.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that:

'My care and support is consistent and stable because people work well together' (HSCS 3.19)

**This area for improvement was made on 14 June 2022.**

## Action taken since then

We saw evidence of regular supervision happening for all staff as well as a yearly appraisal system. This was a collaborative process which staff found supportive and valuable. Supervision records had improved to demonstrate a more detailed discussion on staff performance, development needs and well-being. There was evidence of identifying objectives and actions, and progress towards this was clearly documented.

Staff meetings were happening regularly. We saw evidence of issues being discussed and actions to resolve this.

This area for improvement has been met.

## Previous area for improvement 3

To ensure the environment promotes independence the provider should enhance the quality of the facilities by improving directional signage, ensuring consistent and adequate levels of lighting in order to support people to mobilise safely and independently.

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

'I can independently access the parts of the premises I use and the environment has been designed to promote this'(HSCS 5.11)

**This area for improvement was made on 14 June 2022.**

## Action taken since then

The home was bright, clean and welcoming. Directional signage had greatly improved since the previous inspection. We saw evidence of signage in all parts of the home to effectively promote independence and way finding. Some signage was still to be delivered due to delays in processing from the manufacturer, however there had been temporary signs put in place to ensure people could continue to navigate freely and effectively around the home.

This area for improvement has been met.

## Previous area for improvement 4

People experiencing care should have confidence that staff will monitor, and record, observations of their skin for changes, to ensure that prompt action can be taken to maintain integrity, and promote healing.

This is in order to comply with: Health and Social Care Standard 3.18:

I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

**This area for improvement was made on 6 January 2023.**

## Action taken since then

Skin integrity care plans and risk assessments were in place for people at risk of skin breakdown. These provided detailed information on how to care for residents to ensure they remain healthy and well. There were effective monitoring and recording of skin observations which was delivered in line with care plans. This ensures people are receiving the appropriate care to meet their needs.

The home had good links with external health professionals and we saw people were receiving care in line with best practice.

This area for improvement has been met.

#### Previous area for improvement 5

People experiencing care should have confidence that their care plan will be revised in line with changes in their presentation, and that this will be shared with their relatives/representatives as appropriate, and when requested.

This is in order to comply with: Health and Social Care Standard 2.12:

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.

**This area for improvement was made on 6 January 2023.**

#### Action taken since then

Care plans were updated monthly, or when a change occurred in their presentation. People and their families were involved in this process. This ensures people feel included and that care is planned in a person-centred manner.

We saw evidence of formal six monthly reviews taking place which involved multidisciplinary professionals. Families told us they were kept up to date with any changes to their loved ones needs.

This area for improvement 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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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