

# Ranfurly Care Home Care Home Service

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Johnstone  
PA5 8NH

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**Type of inspection:**  
Unannounced

**Completed on:**  
12 March 2026

**Service provided by:**  
SCCL Operations Limited

**Service provider number:**  
SP2014012299

**Service no:**  
CS2014326139

## About the service

Ranfurly Care Home is registered to provide a care service to a maximum of 62 older people. The service may care for two named adults under the age of 65. The provider of the service is SCCL Operations Ltd.

Ranfurly Care Home is a purpose-built home which is located in a residential area of Johnstone and is near local bus routes. The home is built over two levels and divided into four units named Culzean, Kelburn, Lochranza and Brodick. Each unit has a lounge area and a dining room. All of the 62 bedrooms have ensuite shower facilities and each unit has access to a communal bathroom and toilets. The home has a large secure garden area to the rear of the building which residents and visitors are able to access.

At the time of inspection 62 people were living in the home.

## About the inspection

This was an unannounced inspection which took place on 9 - 11 March 2026 between the hours of 06:50 and 19:00. This inspection was carried out by two inspectors from the Care Inspectorate. A team manager was also present at the inspection as part of the Care Inspectorate's quality assurance processes.

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 evaluation we:

- Spoke/spent time with 10 people using the service and eight of their friends and family.
- Reviewed six completed questionnaires (received from three people using the service/one staff member/two relatives).
- Spoke with 17 staff and the management team.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with two visiting professionals.

## Key messages

- Staff built warm, compassionate relationships with people, which helped them feel at ease and supported.
- Meaningful activities and social contact contributed positively to people's wellbeing, with staff offering reassurance and individualised engagement.
- People experienced positive mealtime routines, with staff promoting independence and adapting support in line with changing needs.
- Medication and infection prevention and control practices were strong, and people benefitted from safe, well governed systems that protected their health.
- People benefitted from a stable staff team who knew them well. However, the service needs to ensure that allocation and deployment of staff is consistent.
- The environment was clean, well maintained, and homely, supporting people's comfort, safety and dignity.
- Improvement in the consistency of monitoring of food, fluids, weight and bowel health was needed to ensure early identification of risks.

## 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 staff team?	4 - Good
How good is our setting?	5 - Very Good

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 different parts of this key question as good and very good, with an overall grade of good. Several strengths impacted positively on outcomes for people and clearly outweighed the areas for improvement.

### 1.3 People's health and wellbeing benefits from their care and support

We evaluated this quality indicator as good, where several strengths had a positive impact on outcomes for people and clearly outweighed the areas for improvement.

People experienced warm, compassionate and person centred interactions from a stable staff team who knew them well. We observed staff engaging with people kindly and respectfully, and people told us that staff were caring and approachable.

Families consistently spoke of the quality of the care their loved ones received. One family member described the service as "first class" and another a "home from home," reflecting how a family feel and positive relationships contributed to people feeling safe and valued.

People benefitted from meaningful social contact and varied activity, including group sessions and individual time. Staff were attentive in providing reassurance, especially for those experiencing emotional distress. We observed adapted social engagement for people who preferred quieter, 1:1 time in their rooms. People supported had been consulted about activity preferences, demonstrating an inclusive approach. People experienced a range of activities including physical activities, Mens' Club (inclusive of women who wished to attend) and a morning tea. These activities and social contact supported people to feel connected, stimulated and emotionally supported which contributed to improving their wellbeing.

Mealtimes were calm, sociable and well supported. Many people were able to dine in communal areas despite their complex needs. Staff encouraged independence sensitively, adjusting their support when people's abilities fluctuated. Staff demonstrated a strong understanding of modified diets and associated guidance. Catering staff actively sought feedback to improve the palatability and presentation of meals. Snack and hydration stations were available throughout the home, helping people maintain good nutritional intake.

Medication practice was safe and well governed. Staff administered medication respectfully and demonstrated confident knowledge of the electronic medication system. Oversight of stock, missed doses and as required medication (PRN) use was effective, which supported people's health and reduced risk. Medication was managed by a small number of staff; the service should now consider strengthening contingency arrangements, to ensure continued safe management of medication in the absence of key senior leaders.

People's future care and support needs should be anticipated as part of assessment. We observed variability in the recording of peoples health needs. Essential monitoring of food and fluid intake lacked detail for some individuals, making it difficult to evaluate whether people were offered suitable alternatives when meals were refused. Effective monitoring and recording of food and fluid intake should be improved, in particular for people who have additional health needs. Therefore ensuring people are not at risk of poor nutritional intake (See area for improvement 1).

Bowel monitoring was inconsistent. Several people had extended gaps with no recorded bowel movements, with limited evidence of clinical review or consistent use of prescribed, as required, (PRN) bowel medications. Staff demonstrated good knowledge of people's health needs but inconsistencies in monitoring could lead to future risks including discomfort and reduced wellbeing for people. There was a high number of people on bowel monitoring, including some who were fully independent and would therefore be difficult to track. The service should review bowel monitoring procedures ensuring there is accurate recording and actions taken, to mitigate any potential risks from reduced bowel movements (See area for improvement 2).

People should be able to make informed choices and decisions about the risks they take in daily life and be encouraged to take positive risks which enhance the quality of their life. We observed examples of people who were determined to remain very independent in relation to their mobility. People received appropriate support to allow positive risk taking in order to retain their independence.

We observed positive examples of monitoring of skin integrity and effective wound management, ensuring oversight and reducing risk of complications from complex wounds people had been admitted into the home with.

Stress and distress management across the home was variable. Staff clearly knew people well and demonstrated through discussions and actions, a number of effective ways to support individuals experiencing stress and distress. We saw examples of good practice in not overusing PRN medications in relation to stress and distress. While we observed examples of skilled de-escalation among staff, some care plans lacked clear guidance, analysis of distressed episodes, or meaningful strategies. In one case, repeated hallucinations and distress affected both the individual and others, but structured preventative approaches were limited. The service had already recognised this as an area for development and were proactively planning further training.

### **1.5 People's health and wellbeing benefits from safe infection prevention and control practices and procedures**

We evaluated this quality indicator as very good, where significant strengths supported consistently positive outcomes for people.

The home was clean, fresh and free from odours, creating a comfortable and dignified living environment. Staff demonstrated a strong understanding of infection prevention and control (IPC) guidance, including infection principles and outbreak management. These competencies contributed directly to the safety and wellbeing of people living in the home.

IPC systems were well organised and well governed. Domestic staff followed structured routines, cleaning documentation was up to date, and deep clean records were clear and consistently signed off. Observations of practice by the head housekeeper and a move to routinely track these, strengthened quality assurance. Sluice areas were tidy and equipment was correctly maintained, reducing the risk of cross infection.

People also benefitted from effective environmental cleanliness, including well maintained communal and personal spaces. Signage supporting hand hygiene was visible, and staff used Personal Protective Equipment (PPE) appropriately. Minor issues, such as ensuring masks were replenished at Personal Protective Equipment (PPE) stations and consistently covering clean clothing during transport, were remedied promptly.

Overall, robust IPC practice ensured people lived in a safe, hygienic and well maintained environment, contributing significantly to their health and wellbeing.

## Areas for improvement

1. To ensure people's nutritional needs are fully met, the provider should improve monitoring and recording of food and fluid intake. This should include when people are at risk of poor nutritional intake and where people are offered alternatives when food is refused and the outcome of this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'My care and support meets my needs and is right for me' (HSCS 1.19) and '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).

2. To ensure people's bowel health is sustained, the provider should improve monitoring and recording of people's bowel movements. This should include focussed bowel tracking, effective use of as required medication and clinical review. The provider should ensure there are clearly recorded actions and outcomes for people who have been identified as requiring bowel monitoring.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'My future care and support needs are anticipated as part of my assessment (HSCS 1.14) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

## How good is our staff team?

4 - Good

We evaluated this quality indicator as good, where several strengths had a positive impact on outcomes for people and clearly outweighed the areas for improvement.

People benefitted from a stable and experienced staff team who knew them well. Retention of staff was a strength of the service, with many working there for long periods of time. This continuity supported trusting relationships and a strong sense of familiarity for people. Families told us they felt staff understood their loved ones' needs and were competent in providing care.

Staff spoke positively about teamworking, describing a culture where colleagues supported each other and worked flexibly to meet people's needs. This collaborative approach was evident during the inspection, where staff communicated well and coordinated tasks effectively.

Managers had strong oversight of individual and role specific training, and there was a comprehensive training matrix with high overall compliance. Staff valued the learning opportunities available to them and felt this equipped them to meet people's often complex needs.

Systems to support staff learning and development were well embedded. Competency checks and observations of practice were regularly completed, and managers used these to inform supervision and identify areas where staff required extra support. We also saw positive examples of staff progression, where carers had been supported to develop into senior roles and other staff were encouraged to build confidence in their responsibilities. This contributed to a motivated workforce and promoted a culture of recognition and development.

The service used dependency assessments incorporating an assessment tool, to identify people's changing care requirements. This helped inform staffing levels and demonstrated understanding of considerations beyond dependency scores, to consider individual needs such as nutrition, mobility and emotional wellbeing.

People should be confident staff respond promptly including when they ask for help. People received good quality care however, families and staff raised concerns about staff availability during busy periods. Staff informed us there were times when they felt stretched, particularly during mealtimes, reviews and times when several people required two person assistance. These pressures sometimes affected staff presence in communal areas which was observed during the inspection. The service should also consider the impact of people's future needs and potential deterioration in their deployment of staff. Improved planning and deployment across units would help ensure people's needs were consistently met, particularly as the complexity of needs increases. (See area for improvement 1)

Staff felt recognised and valued, and many praised the positive culture created by the leadership team.

### Areas for improvement

1. To ensure people consistently receive timely and responsive support, the provider should improve shift allocation and organisation including, ensuring sufficient numbers of staff deployed with the right skills and knowledge to support people at all times. This should include effective deployment of staff based on people's assessed needs, and robust oversight of how care tasks are prioritised and completed.

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), and 'I am confident people respond promptly, including when I ask for help' (HSCS 3.17).

### How good is our setting?

**5 - Very Good**

We evaluated this quality indicator as very good, where significant strengths supported consistently positive outcomes for people.

The home looked clean, bright and fresh throughout, while maintaining a warm, homely feel. People benefitted from communal areas that were well maintained, with new flooring, improved lighting and updated decor. Artwork chosen by people themselves within each unit helped create meaningful and personalised surroundings. Substantial upgrades and development of the environment since the previous inspection had a positive impact on people's comfort, safety and dignity.

People also benefitted from enhanced accessibility and safety. Seating at the end of corridor areas reduced falls for people who walked with purpose and outdoor spaces had been significantly improved. The garden offered accessible pathways, new seating and a dedicated smoking shelter. Increased use of the garden for activities, including arts and crafts, supported people's wellbeing and connection with nature.

Maintenance systems were robust and well governed. Regular checks of bedrails, window restrictors, nurse call systems and fire safety equipment were recorded consistently. Servicing records provided by estates demonstrated full compliance, and we found strong tracking and oversight of required checks.

Environmental cleanliness was of a high standard. Bedrooms, bathrooms, equipment and communal areas were clean, well organised and hygienic.

Work using the Environments for Ageing and Dementia Design Assessment Tool (EDDAT) had also strengthened the environment. There was clearer signage at eye level and removal of outdated signs, helping wayfinding, allowing people to navigate the home more easily.

There were some areas of development the home had highlighted in relation to further environmental improvements, although these did not currently impact people's experiences. These included longer term plans to convert one bathroom on each floor into a treatment room. Planned works set out in the environmental action plan were ongoing and would further enhance facilities once completed.

The laundry facilities were clean and orderly. Lost property processes required some attention, as some clothing was not clearly labelled and therefore could not be returned to people. The housekeeper had offered appropriate support to address this.

Overall, people experienced a high quality environment that supported their safety, independence and wellbeing. Improvements were well planned, responsive to feedback and contributed significantly to people's quality of life.

## 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

The service should ensure people benefit from robust quality assurance systems that drive continuous improvements. Actions identified from audits as well as feedback from people experiencing care and stakeholders should be clearly linked to the service improvement plan.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19), and "I use a service and organisation that are well led and managed" (HSCS 4.23).

**This area for improvement was made on 28 May 2024.**

#### Action taken since then

The service is now fully using an electronic quality assurance system to support oversight in their quality assurance processes. We could see evidence of effective tracking and oversight of actions identified from various sources eg; audits, people experiencing care and stakeholders feedback. Manager observations were linked to the service improvement plan with clearly defined actions, timescales, and outcomes. There were champions and key people responsible for specific areas such as maintenance, nutrition and IPC. These roles had been identified and allocated with clear leadership oversight of these.

This area for improvement has been met.

#### Previous area for improvement 2

The service should explore ways to maximise people's independence and freedom of movement, to enhance people's outcomes and experiences. This includes establishing ways in which people can have readily and regular access to the garden area.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: If I live in a care home, I can use a private garden. (HSCS 5.23).

**This area for improvement was made on 28 May 2024.**

#### Action taken since then

The garden has had lots of work done, increasing it's accessibility, security and appeal . Relatives talked to us about their loved ones having access to garden, in different ways including in the warmer weather when gazebos were being utilised and arts and crafts activities taking place there.

We could see there was open access now between units on both floors. On the ground floor people were freely accessing the garden as they wished to.

We also observed people being supported promptly from upstairs to access the garden. We were aware more people will continue to be supported do so in the better weather.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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