

# Georgia Park Care Home Care Home Service

Georgia Park Care Home  
151 Greenlees Road  
Cambuslang  
Glasgow  
G72 8YN

**Type of inspection:**  
Unannounced

**Completed on:**  
12 June 2025

**Service provided by:**  
Keane Premier Healthcare Ltd

**Service provider number:**  
SP2008010039

**Service no:**  
CS2016350030

## About the service

Georgia Park Care Home is registered to provide care and support for up to 42 older people with a range of physical and cognitive impairment. The service is one of six homes provided by Keane Healthcare.

The home is situated in a residential area of Cambuslang within close proximity to local amenities and transport links.

The home consists of two units, the main facilities are on the ground floor with access to bedrooms on the first floor via a passenger lift. The bedrooms are spacious and provide ensuite facilities. Both units provide communal lounge and dining areas with unrestricted access into the enclosed courtyard garden with seated areas for residents and visitors to use.

The service's stated aim is "to provide care in a manner which respects the rights and dignity of residents and maintains their independence and individuality in a relaxed and homely environment."

## About the inspection

This was a follow up inspection which took place on 12 June 2025 and started at 10:00. 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 the manager and reviewed documents.

## Key messages

Progress had been made in meeting one of the requirements made following a complaint investigation. Work continues to ensure the other requirement is fully met.

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

### Requirements

#### Requirement 1

By 6 June 2025, for the health of people experiencing care, the provider must ensure that staff act without delay when it is considered that medical assessment or treatment is required for a possible urinary tract infection. To do this, the provider must, as a minimum, ensure:

- a) staff maintain full and accurate records relating to any suspected urinary tract infection and the action to be taken.
- b) all samples are taken without delay and a record maintained of the date taken and results received.
- c) personal plans are updated to reflect any changes in people's health care needs.

To be completed by: 06 June 2025 This is to ensure care and support is consistent with Health and Social Care Standard 3.17: I am confident that people respond promptly, including when I ask for help. 13 of 15 This is in order 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 requirement was made on 10 April 2025.**

#### Action taken on previous requirement

Group supervision had been delivered to all staff, with records confirming signed attendance. The sessions addressed the expected procedure for staff to follow when responding to concerns that a person receiving care may have a suspected urinary tract infection. We viewed one example through the care records where staff had identified a need for a urine sample to be collected and the actions taken. We found that communication between staff had improved, with the nurse's diary and shift handovers providing methods of ensuring information relating to the collection of the sample was recorded and followed up accordingly. There was evidence of staff informing the family of the concerns and the progress in collecting a urine sample for testing. Overall, we were satisfied that staff were familiar with the expectation around the collection of urine samples for testing and that the manager had oversight of this through clinical risk meetings and daily flash meetings.

**Met - within timescales**

#### Requirement 2

By 6 June 2025, to ensure respect for people's human rights, their clothing and personal property, the provider must ensure that a system for recording and managing people's belongings is introduced and

followed by staff at all times.

To be completed by: 06 June 2025 This is to ensure care and support is consistent with Health and Social Care Standard 4.1: My human rights are central to the organisations that support and care for me. This is in order to comply with: Regulation 4(1)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210)

**This requirement was made on 10 April 2025.**

#### Action taken on previous requirement

Signed records confirmed that all senior staff attended group supervision to discuss the procedure on the management of people's clothing and property. Families have been informed by way of a notice in reception and, at the relatives meeting that all new items brought into the care home should be handed to the manager in the first instance. This is to ensure items are appropriately logged onto people's individual inventory. We sampled the care records and found that while inventories had now been completed, these did not provide a clear and detailed description of people's personal clothing and property. The designation of the person completing the inventory was not recorded, and no family or representatives had been asked to sign off their agreement with this. We noted, that in one inventory the person's valuables had been listed and there was no evidence of discussion around the safety and storage of these in the care home setting. This requirement was not met and will be extended. The revised date for completion is 18 July 2025.

**Not met**

## 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 manager should ensure that a system is put in place which sets out the arrangements for communication with resident's family/representatives. This is to ensure care and support is consistent with Health and Social Care Standard 3.4: I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.

**This area for improvement was made on 10 April 2025.**

#### Action taken since then

This area for improvement was not assessed on this inspection.

#### Previous area for improvement 2

The manager should ensure that a planned approach is developed in respect of people's footcare, which should include access to regular podiatry services as and when required. This is to ensure care and support

is consistent 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 14 of 15 frailty.

**This area for improvement was made on 10 April 2025.**

## Action taken since then

This area for improvement was not assessed on this inspection.

## Previous area for improvement 3

The provider should ensure that a person-centred and proactive continence support plan is developed, which prioritises people's individual needs and preferences while focussing on their dignity and independence. The support plan should be reviewed and updated following changes in people's continence care needs. This is to ensure care and support is consistent with Health and Social Care Standard 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 area for improvement was made on 10 April 2025.**

## Action taken since then

This area for improvement was not assessed on this inspection.

## 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).

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