

Parkhouse Manor Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
3 July 2025

Service provided by:
Laurem Care Group Limited

Service provider number:
SP2014012402

Service no:
CS2014333774

About the service

Parkhouse Manor Care Home is registered to provide a care service to a maximum of 48 older people. The provider is Laurem Care Group Limited.

The service is based in two separate traditional dwellings. There is a car park to the front and large enclosed gardens and patio area to the rear which provides a pleasant and private space. The home is situated in a rural area just outside Barrhead and there are shops and other facilities a short journey away.

The home changed ownership and board of directors on 27 September 2023 and a new manager was appointed in March 2024.

The philosophy of care for Parkhouse Manor Care Home is, "We believe that people who choose our home have an absolute right to live as they wish, but always with dignity, respect and warmth."

There were 48 people living in the home at the time of the inspection.

About the inspection

This was an unannounced inspection which took place between 1 July and 3 July 2025. 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 throughout the inspection year.

We spoke with five people using the service, five relatives and one visiting professional over the course of the inspection. We also spoke with the management team and staff from all departments.

Key messages

- There have been improvements made since the previous inspection with overall better monitoring of people's needs.
- Improved communications had been completed between care staff to help meet people's specific nutritional needs.
- People using the service, and their relatives, were very satisfied with the standards of care provided.
- Further work was needed with expanding and using audits to their full potential by informing action and improvement plans.
- Staff morale and practice had improved from the previous inspection.

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

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|--|----------|
| How well do we support people's wellbeing? | 4 - Good |
| How good is our leadership? | 4 - Good |
| How good is our staff team? | 4 - 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?

4 - Good

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

People appeared clean and well presented when we visited the service. The support and care provided meant that they had experienced good outcomes. Individuals had gained or maintained weight when they had been identified at risk - this was due to the interventions made by staff. This was supported by a number of comments received by relatives including: "[Relative] has gained weight which was needed, developed friendships with people and is in a happy place."

Menus had been developed and shaped by feedback from people who used the service and there were plans to use more fresh produce.

The mealtime experience was calm in both units with staff offering visual choices to help people meaningfully engage in decision-making. Staff worked at a suitable pace when providing support.

Work has been carried out to reflect the current dietary needs of each person and there had been improved communications between kitchen and care staff.

Drinks and snacks were regularly offered to people throughout the day.

Staff were proactive in referring to external professionals when they detected deterioration with the health and wellbeing of each person. Staff followed recommendations made by external professionals.

The activity coordinator post vacancy was filled at the point of inspection. This should help improve the availability of activities within and outwith the home. Staff were observed using opportunities to engage with people and offer activities which followed good practice.

There are plans in place to change the supplying pharmacy with a plan to utilise them to complete external audits to supplement those that are carried out within the home. People received the right medicine at the right time.

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.

The management team had worked hard at addressing areas identified within previous inspections as needing improvement. The increased accessibility to staff, relatives and people who use the service had meant they have helped improve the culture and promote better teamworking within the home.

There has been improved engagement between management with people who use the service, relatives and staff. They had begun to use feedback to help develop the service.

Some audits had been used to good effect to help keep people safe and well. Examples included those relating to falls management and identifying people who may be at risk of weight loss. However, they did not consistently lead to action plans - for example, medication audits completed and expanding care plan audits throughout the home.

The management team should use key information gathered from audits, feedback from surveys and meetings to help them prioritise improvements throughout the service. The service improvement plan was at an early stage. This needed further development to fully reflect approaches used to make improvement. For example, care plan audits and methods used to ensure improvements would be achieved.

Accidents and incidents were being recorded as were adult support and protection referrals. These were used appropriately to look at potential causes and how the service could reduce associated risks in an attempt to keep people safe. However, the system should be further developed to reflect the resulting outcomes following external reporting.

We discussed the advantages of using peer review from other managers and colleagues as an objective process for assessing service performance and informing self-evaluation.

There had been one complaint received by the service since the previous inspection. The written response demonstrated that the service takes complaints seriously and uses the learning to make improvement.

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.

Staff benefitted from having a structured induction training programme and opportunity to shadow experienced colleagues when they first commenced in the service. This helped them become familiar with the care and support needs of people living within the home.

The staff probationary process was a good way to see if there was the "right fit" between the staff member and service. Regular feedback was provided on staff performance and used to identify further development opportunities for individual staff.

Staff morale had improved from the previous inspection which was mainly due to the support provided by the management team.

There were opportunities for staff to attend staff meetings which were used to discuss expectations with practice and provide update changes within the service. The service should continue to develop these to ensure that there is an ongoing dialogue between the management team and staff.

The service had actively recruited staff to fill vacant posts including nursing staff and activity organiser. There was ongoing work to recruit a permanent chef within the service with temporary arrangements being in place. Agency staff had been used to allow permanent staff to attend training. The management team should look at the skill mix and experience when this type of cover is being provided to promote consistency of care.

Staff observations were being completed. However, there were some staff interviewed who indicated either these had been carried out some time ago or could not recall. We checked and found these to be in a more advanced state within one unit. The service should put measures in place to ensure a "whole home" approach is used with these.

The service continues to use a blended approach with online and face-to-face training offered. Training was welcomed by staff particularly face-to-face training. The plans to encourage more staff to complete SVQ level 3 is good for succession planning and promoting development opportunities for staff.

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.

Staff had worked to create a calm environment throughout the home. There have been improvements made with the décor, repair and furnishings.

We identified some improvements when we carried out the environmental inspection of bedrooms and communal areas. This included personal protective equipment (PPE) stations having more than one size of gloves, bedroom walls being damaged by beds and ensuring cleaning schedules were being filled at the time of completion. We were given assurance that these areas would be addressed.

The overall standard of cleanliness was good throughout the home.

There had been greater involvement with people using the service, relatives and staff with the ongoing development and improvement of the environment. An environmental development plan for 2025/2026 was in place and noted progress being made with areas identified including re-decoration, new flooring and furniture. However, this needed development to include areas we found needing addressed when we carried out an inspection of the premises. This should also take account of good practice guidance such as the Care Homes for Adults - The Design Guide and The King's Fund environmental assessment tool.

First impressions audits were being completed to identify improvements and areas that may pose risks. However, these did not always lead to action plans and should when areas have been identified as needing improvement.

Having direct access to gardens is important for giving people the choice of where they would like to spend their time. The gardens were maintained, attractively designed and enclosed. There were plans to further develop to enhance people's experience when using them.

Infection prevention and control guidance was displayed throughout the home and staff practice followed current guidance.

Environmental audits were in place to ensure people were kept safe and protected.

External contracts were in place to ensure equipment was serviced and maintained aligned to manufacturers' guidance.

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.

Staff had become more confident when using the electronic care planning and monitoring system. We heard positive comments from staff. The system meant that there had been reduced time recording with more direct contact with people who use the service. However, there was further work needed to ensure consistency of recording over a 24-hour period when supporting people at risk of dehydration. Systems should be developed to ensure that these are being checked at points during the day and to maximise opportunities to promote good hydration (see area for improvement 1).

Risk assessments as a rule were being revisited following accidents and incidents. Staff were also proactive in seeking external support and guidance when people's needs changed. However, support plans needed to be consistently updated to reflect changes.

Recognised assessment tools were being used and shaped the content of support plans. Care reviews were being completed. These offered relatives and people who use the service opportunities to share their views. These should be developed to capture outcomes achieved as a result of support and care provided and detail any planned future goals. Some care reviews reflected inaccurate dates when they had been carried out. The above areas should be considered as part of future care plan audits.

Areas for improvement

1. To ensure that people receive care as planned, monitoring tools for people at risk of dehydration should be used consistently over a 24-hour period. These should detail all drinks offered and consumed. Checks around meeting targets should be completed daily and reflect measures put in place to maximise opportunities to meet planned targets.

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

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

Requirements

Requirement 1

This requirement was made following an investigation of a complaint by the Care Inspectorate.

By 14 January 2025, the service provider must ensure care plans provide clear and accurate information about all aspects of the care and support people require. This should include, but is not limited to:

- a) the support required with oral hygiene, nail care and personal appearance.
- b) if support is refused, the support plan must provide detailed support strategies for staff to follow to ensure people receive the support they require.

To be completed by: 14 January 2025

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 is in order to comply with:

Regulation 5(3)(a)(iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement had not been met and we have agreed an extension until 16 June 2025.

This requirement was made on 11 December 2024.

Action taken on previous requirement

We found people's personal appearance had improved since the previous inspection. Staff were using systems to record when personal care had been offered and had used best practice guidance and tools such as Caring For Smiles. Staff had also recorded when support had been refused and strategies to encourage acceptance.

Met - outwith timescales

Requirement 2

By 16 June 2025, the service provider must ensure that people living in the service are safeguarded and the correct records and supports are in place. In order to do this, the provider must at a minimum:

(a) Ensure that supporting documentation, such as food and fluid intake charts including people who have been diagnosed with diabetes and wound monitoring are completed fully and used to inform the personal plan.

(b) ensure all meals are prepared and served in accordance with people's assessed needs.

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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12).

This requirement was made on 21 February 2025.

Action taken on previous requirement

There have been improvements as far as recording within food intake charts with staff recording what was offered, consumed and refused. There had been overall improvement with fluid intake recording. However, further work was needed to ensure better consistency is achieved by staff utilising the system when recording and the management team ensuring that there are built-in checks at points in each day to promote the same.

An area for improvement has been made under 'How well is our care and support planned?'

We spoke with the temporary cook. There had been further work identifying the dietary needs of each person using the service and ensuring meals match each person's needs. We found that meals were being offered aligned to this.

Met - outwith 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

Action plans shaped by audits and feedback from people who use the service, and their relatives, should follow SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) principles to help the management team prioritise and monitor progress with key aspects of the service.

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 22 May 2024.

Action taken since then

Progress had been made and some actions had been reflected within the 'You Said We Did' document. However, action plans are still not following SMART principles; this was also found to be the case with the service improvement plan.

This area for improvement has not been met.

Previous area for improvement 2

In order that people benefit from high quality facilities, the service should develop a plan which ensures that the home is kept in a good state of repair, decoration and have equipment in good condition which makes for effective cleaning. The Beechview unit layout and use should be reviewed to ensure that people living with dementia have positive day-to-day experiences.

This is to ensure 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).

This area for improvement was made on 22 May 2024.

Action taken since then

An environmental improvement plan has been developed and areas throughout the home had been upgraded. We will continue to monitor progress in future inspections.

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

Detailed evaluations

| | |
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| 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 |
| How good is our leadership? | 4 - Good |
| 2.2 Quality assurance and improvement is led well | 4 - 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? | 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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