

Craigend Gardens Care Home Care Home Service

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Ruchazie
Glasgow
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Quarter Care Ltd

Service provider number:
SP2003000160

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CS2003000822

About the service

Craigend Gardens is a care home for older people and is registered to provide care for up to 48 people. Of the 48 places, respite care can be provided to a maximum of three people at any one time.

At the time of inspection, there were 44 people using the service. The home is situated in Ruchazie in east Glasgow, and can be accessed by public transport links within walking distance of the home.

The home provides each resident with a single room with en suite toilet and wash-hand basin. The living accommodation at Craigend Gardens is provided over two floors. The upper floor can be accessed by either stairs or lift. Each of the floors has a communal dining area and lounge area. A garden with patio areas can be accessed by residents and visitors from the ground floor dining area.

About the inspection

This was an unannounced inspection which took place between 14 and 16 July 2025. The inspection was carried out by two inspectors from the Care Inspectorate with assistance from another when carrying out telephone calls with relatives.

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. We spoke with four people using the service, eight relatives and received communication from a visiting professional in advance of the inspection.

Key messages

- People were very satisfied with the care and support provided.
- The management team should develop a coherent overview for care reviews and ensure that these reflect the outcomes achieved and future goals for each person.
- There had been successful recruitment of staff.
- Staff had received good training opportunities and staff morale had improved.

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?	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 were well-presented and clean due to the support provided by staff.

People benefited from staff taking an individualised approach to meet their nutritional and hydration needs. Kitchen staff were aware of individual dietary needs and preferences. Good communications between kitchen and care staff meant people were offered appropriate choices at meal times.

Regular snacks and drinks were offered and promoted between meals.

Staff were observed working at an appropriate pace when providing support. They promoted meaningful involvement around food and drink choices and demonstrated genuine warmth in their interactions.

Handovers between staff teams had been used effectively to promote continuity of care including detailing techniques which offered reassurance to people. We heard examples from relatives about how the care and support had made positive differences to their loved ones.

"They [relative] are now clean and tidy when they used to refuse to getting assistance with showering and bathing. I have noticed that their physical coordination has improved because they are getting up out of bed and joining in with others - they are now becoming independent in some areas."

"I am absolutely happy with the care - I couldn't ask for any better."

People should get the right medication at the right time. Overall, medication administration followed good practice guidance. Staff used effective strategies to help avoid incidents of stress and distress with individuals. The management team identified that there were improvements needed with the recording of topical medicines which were reflected within an action plan.

Staff followed good practice guidance to maximise opportunities for people to engage in physical activities when moving throughout the home. Staff also using good practice tools to assess the changing needs of people.

People had been supported to maintain meaningful connections with families, friends and the wider community. We heard how this had helped give people a sense of wellbeing.

Appropriate referrals had been made to external agencies and follow through with recommendations made by professionals outwith the service.

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.

There had been a range of methods to hear the views of people around key aspects of the service. Feedback from people we spoke with supported that the management team was keen to hear views and responded to any concerns.

You Said ... We Did was used in response to feedback obtained from people who used the service and their families. The management team should ensure that responses are dated and action plans consistently use SMART (Specific, Measurable, Achievable, Relevant and Time-bound) principles to clearly identify people tasked to take forward with specific dates and timescales.

Whilst there was supporting evidence of good communications with families and regular re-evaluation of associated care plans, the management team needed to fully develop the overview of care reviews to ensure that these are consistently completed within a maximum interval of six months (see area for improvement 1).

A suite of audits was used to identify the changing health and wellbeing needs of people who used the service. These had been used to identify trends, themes and look at the effectiveness of interventions. The external management audits supplemented those completed by the in-house management team.

There had been one complaint made against the service since our previous inspection. This had been taken seriously by the service, investigated and findings from the investigation had been reported back to the complainant. This had also been used as an opportunity to learn and make improvement to the service.

Accidents and incidents had been recorded and follow-up actions detailed to help keep people safe. A similar approach was used when adult support and protection incidents arose.

The management team had focused on developing a team of staff to help take the service forward.

Areas for improvement

1. In order that each person receives a formal review of their care needs, the management team should develop a coherent care review overview. This should ensure that care reviews are completed within the maximum six month interval or when each person's care needs change.

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).

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.

Having the right staff with the right skills and knowledge is important for keeping people safe and well. A recognised dependency tool was used to inform staffing levels.

Staff morale had improved since the previous inspection. The majority of staff commented that the management team was supportive and accessible. The management team regularly visited the service out of hours to make them accessible to staff and monitor standards of care being delivered. Direction and leadership had improved. Handovers between staff shifts were well-organised and work allocated appropriately.

Team meetings were planned and made available to all staff who work within the home. These were used to set expectations of staff fulfilling roles and reinforced the importance of adherence to good practice guidance. These should be developed to promote more of a collaborative approach including sharing actions to address issues when adverse events have occurred.

New staff had benefited from a structured induction programme supplemented with shadowing opportunities. This helped them become familiar with the needs and preferences of people using the service. High compliance rates were being achieved with online training. The external support from the Care Home Collaborative had been used to train "falls champions" working within the service. Staff found training relevant and helpful.

The management team had a good succession plan for filling nursing posts. There were no vacancies and the service had strived to use the same agency staff to promote continuity of care. The management team should monitor that there is a consistent team of staff with appropriate levels of experience when using agency.

There were regular planned staff supervisions. Audits should be used to check the accuracy of individual staff whose supervision sessions were out-of-date

Staff observations were being completed. These were used to check if staff followed best practice around infection prevention and control. They were also used to reflect good practice around communication with people who used the service. The associated audits and documentation should consistently reflect when and who completed these. The management team should continue to expand the range of practice so that these include staff applying moving and assisting techniques.

We received many positive comments in relation to the staff who provided support.

"The staff have been really kind and patient."

"We are very reassured and happy with the care."

"We have confidence in the care and support. Staff are lovely with us and we are made to feel comfortable, we visit at different times."

Staff advocated on behalf of people using the service. For example, they insisted that an individual be medically reviewed by a general practitioner to ensure that they recovered as well as they could.

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.

There had been consultations with key people including people using the service and their loved ones around developing the environment. A recent improvement was the planned development of a small family room which would give people an alternative area to spend their time.

Improved signage to help orientate people had been installed throughout the building. There had been further re-decoration to communal lounges which helped make them a fresh and comfortable environment. Staff had taken time to ensure dining tables were attractively set which enhanced the experience for people at meal times. The service should continue to look at the potential of communal lounges, for example the layout of furniture, to ensure that this creates a homely environment.

The environmental improvement plan needed further development. This should include areas that we found needed further improvement. For example, repair to the wet wall in shower room, flooring in en suite toilets and replacement of equipment. Audits should be developed to identify the areas which needed improvement.

Bedrooms were individualised and contained personal effects. Equipment was in place to promote the safety of people who had been identified as being a falls risk.

The overall standards of cleanliness were good throughout the home. Staff followed and completed cleaning aligned to schedules. Infection protection and control guidance displayed throughout the home and staff practice aligned to this.

Environmental audits were in place to help ensure people were kept safe and protected. External contracts were in place meaning 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.

Personal plans contained a good level of detail and helped staff understand the identity of each person.

Staff had become more familiar and confident when using the electronic care planning system since the previous inspection. Assessments had been completed and helped inform associated care plans.

Care plans detailed individualised approaches/strategies which should be used with people who may experience episodes of stress or distress. This helped create a consistent approach with the care of people.

There had been improved linkage between assessments and associated care plans. This meant staff understood, for example, the relationship of people's nutritional needs being met and how this can help with other aspects of health. Improved recording demonstrated that staff were monitoring individuals appropriately.

Care reviews were good for capturing relatives' views, interventions used by the service and referrals made to keep people well. However, they did not reflect the outcomes achieved as a result of the care and support provided or contain future goals. We heard of tangible examples when we spoke with relatives - loved ones had gained or maintained weight, their psychological state had improved, levels of independence had improved and there was improved participation with personal care often due to the skilled approach by staff (see area for improvement 1).

Legal status was recorded and used to help inform current and future decisions around interventions to keep people safe and well.

Anticipatory care plans were in place with a further piece of work being introduced to ensure these followed up-to-date guidance and to uphold the rights and wishes of people using the service.

Areas for improvement

1. In order that people receive the appropriate level of support, care reviews should reflect outcomes achieved as a result of the care and support provided. These should also identify future goals for each person.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 people are appropriately monitored and receive the correct level of support, auditing systems should be developed to ensure that records are completed aligned to good practice guidance.

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).

This area for improvement was made on 24 May 2024.

Action taken since then

The electronic Personal Care System had been used to good effect. Staff were more confident and familiar with its use. Associated monitoring records had improved.

This area for improvement has been met.

Previous area for improvement 2

In order that people can be confident that staff follow good practice and are competent in their role, the management team should develop staff observations of practice and identify the training and development needs of each staff member.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which 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 24 May 2024.

Action taken since then

There has been good progress with records reflecting direct observations completed with staff. There is now a comprehensive training plan and improved monitoring that staff are completing planned training. However, moving and assisting practice should form part of staff observations.

This area for improvement has been met.

Previous area for improvement 3

In order that people receive the appropriate level of support, assessments should accurately and consistently inform associated support plans. Care reviews should reflect what outcomes have been achieved as a result of support provided.

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

This area for improvement was made on 24 May 2024.

Action taken since then

The first part of the area for improvement is met. Staff had a good understanding of how assessments informed associated care plans.

A new area for improvement has been made in relation to care reviews under How well is our care and support planned?

Previous area for improvement 4

In order that the environment is used to its full potential and developed to meet people's needs, the manager should:

- a) Consult with residents and relatives about how they want to develop their home.
- b) Complete The King's Fund environmental tool.

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 10 May 2023.

Action taken since then

There had been consultations with people who used the service and their families. This had shaped environmental improvements within the service to benefit people living there. The King's Fund tool implementation had resulted in improved signage to help orientate people within the home.

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

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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