

# Forefaulds Care Home Care Home Service

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East Kilbride  
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**Type of inspection:**  
Unannounced

**Completed on:**  
31 January 2025

**Service provided by:**  
Sanctuary Care Limited

**Service provider number:**  
SP2019013443

**Service no:**  
CS2019378609

## About the service

Forefaulds Care Home is a care home situated in East Kilbride, South Lanarkshire. The provider is Sanctuary Care Limited.

The service is registered to provide care to a maximum of 51 older people. Within this maximum two places may be for older adults under 65 years who may have neurological or physical disabilities.

The home is built on two levels occupied by residents within single occupancy rooms. People have access to a range of en suite facilities, as well as access to shared bathrooms and shower facilities. Lounge and dining facilities are available on both floors. There is a lift available between both floors and individuals have access to three secure courtyard/garden areas. There is also a hairdressers, sensory room, and café area.

At the time of this inspection, there were 48 people living at the home.

## About the inspection

This was an unannounced follow up inspection which took place on 30 January 2025 between 09:30 and 16:00. Feedback was provided on 31 January 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 since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service
- spoke with one family/friends/representatives
- spoke with 8 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- The service had met one requirement relating to the use and recording of "as required" (PRN) medications.
- Four areas for improvement relating to audits, engagement, cleaning, and personal plans were also met.
- Feedback from people we spoke with was positive about the service provided.
- Staff were engaging with people and treated them with kindness and respect.
- The service had made significant progress since the previous inspection. As a result, we increased the grade of key question one from 'adequate' to 'good'.

## 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
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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

Given the improvements made by the service in relation to medication management, we have increased the grade for quality indicator 1.3 ('People's health and wellbeing benefits from their care and support') from 'adequate' to 'good'.

We were confident that staff followed safe practices for medication management. There was consistent recording of medication that was administered only at times when it was required to address people's health needs (PRNs). Records reflected the reason(s) why PRN medications were administered and the outcomes of doing so. This provided more information about the circumstances for administering PRN medication and whether they were working effectively.

Management had an effective oversight on the administration of medication management. This helped reduce errors, ensure compliance with best practice and keep people safe.

PRN 'protocols' were in place which provided more information for administering PRN medication. This meant that people received the right medication at the right time to maintain or improve their health.

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

### Requirements

#### Requirement 1

By 2 August 2024, the provider must ensure that nursing staff only give 'as required' PRN medication when presented with a justifiable reason to do so. To do this, the provider must, at a minimum:

- a) record detailed evidence as to why the 'as required' PRN medication is required
- b) ensure that nursing staff give PRN medication timeously when the need is identified
- c) document post administration observations regarding the effectiveness of the PRN medication
- d) ensure management or other relevant staff, have oversight of the administration of PRN medication.

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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This requirement was made on 9 July 2024.**

#### Action taken on previous requirement

We were satisfied with the improvements that had been made relating to the administration of "as required" (PRN) medications.

We have reported on this further under key question 1 - 'How well do we support people's wellbeing?'

**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

The provider should ensure that people experience a culture of continuous improvement. In doing so, audits should be developed further to show actions taken and progress made until fully resolved.

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).

**This area for improvement was made on 3 October 2024.**

#### Action taken since then

There was a range of audits in place to provide oversight of the service to show actions taken and progress made. These included audits for Infection Prevention Control (IPC), medication and the Service Improvement Plan (SIP). This showed the service was responding proactively to keep people safe.

Management were responsible for how often audits were carried out. We could see appropriate follow up actions being taken where required and plans for audits which were under review. This ensured there was a focus in achieving actions to improve outcomes for people.

**This area for improvement has been met.**

## Previous area for improvement 2

The provider should ensure that people experience care from a competent, knowledgeable, and skilled workforce. In doing so, staff should use opportunities to interact and engage meaningfully with people they support.

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 3 October 2024.**

### Action taken since then

We saw staff used opportunities well to engage with residents. The engagement between staff and residents was respectful and warm and appropriate to the needs of the residents at that time. This helped make sure the individual mental, emotional, and wellbeing needs of residents was being supported.

**This area for improvement has been met.**

## Previous area for improvement 3

All staff should take responsibility for ensuring the ongoing deep clean of a person's room to promote good infection prevention and control. In doing so, there should be evidence that mattresses are audited regularly and actions taken, where required.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

**This area for improvement was made on 11 March 2024.**

### Action taken since then

Residents benefitted from an environment which was maintained to a good standard. Cleaning schedules were being followed and records showed deep cleaning of bedrooms was being completed regularly. Where required, actions were taken to help reduce the risk of cross contamination and improve standards. Audits were completed regularly to help make sure bedroom areas and mattresses were clean and well maintained.

**This area for improvement has been met.**

## Previous area for improvement 4

To support people's health and wellbeing, personal plans should identify people's care and support needs and detail how these will be met.

This should include, but not limited to:

- Ensuring information within personal plans is accurate, sufficiently detailed, and reflects the care planned or provided.
- Ensuring assessments are kept updated and used to inform care plans.
- Ensuring that eating and drinking monitoring charts are put in place, fully completed, and offer an accurate reflection of what an individual has had to eat and drink each day.

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 26 October 2022.**

### Action taken since then

Personal plans we sampled contained sufficient information to effectively direct staff on how to support residents. We found that the support being provided was in line with the information within the personal plans.

Ongoing reassessments had helped make sure residents' needs were reviewed and continued to be appropriate. There was supporting documentation in place to demonstrate the extra support or observation given to specific residents. This had helped to make sure people were supported safely and in line with their specific needs.

Eating and drinking monitoring charts showed clear information about the support that had been provided. These were monitored and used to help make sure responsive action was taken where input targets were not being achieved.

**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

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