

## Collisdene Care Centre Care Home Service

126/128 Glasgow Road  
Strathaven  
ML10 6NL

Telephone: 01357 521 250

**Type of inspection:**  
Unannounced

**Completed on:**  
9 April 2025

**Service provided by:**  
Canterbury Care Homes Limited

**Service provider number:**  
SP2005007835

**Service no:**  
CS2006137442

## About the service

Collisdene Care Centre is registered as a care home to provide support to a maximum of 40 people, 10 of whom will be older, 26 of whom may have learning disabilities and four may have physical or sensory impairment. The provider is Canterbury Care Homes Limited.

The home is located in the town of Strathaven, South Lanarkshire and is within easy access to local amenities and transport links.

Accommodation is provided over three split units over two floors. Each unit has a communal lounge, kitchen and dining facilities. This is serviced by a passenger lift and a staircase. There are 21 rooms that have toilet ensuite facilities, and each unit has communal showering facilities for people to access.

There are outside garden areas for residents and visitors to use. A car park is available to visitors.

At the time of the inspection 25 people were living in the home.

## About the inspection

This was an unannounced inspection which took place on 7- 9 April 2025 between 07:30 and 17:15. The inspection was carried out by two Inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- Spoke/spent time with 12 people who live in the service and four relatives.
- For people unable to express their views, we observed interactions with staff and how people spent their time.
- Received 11 completed questionnaires.
- Spoke with 15 staff and the management team.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with one visiting professional.

## Key messages

- People who lived in the service told us they were happy in the home.
- Staff were kind, caring and knew the people they supported well.
- People's wellbeing benefitted from social opportunities and links with the community.
- Maintenance and environmental needs within the service needed to be improved.
- The provider should work in partnership with the fire service, to address actions in a timely manner.
- Team meetings and support and supervision arrangements for all staff should be improved.
- From the findings of this inspection, we have made one requirement and five areas for improvement.

## 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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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 treated with warmth and respect. Staff had meaningful conversations with people who experienced care which had a positive impact on how people felt listened to. There were systems in place to support effective communication and staff had a good understanding of people's needs. Families provided feedback that their relative was in "a wonderful place with wonderful people" and "they felt confident and reassured" in the care being provided to their loved one.

People enjoyed coming together for meals. Staff ensured that mealtimes were relaxed, enjoyable and sociable. People were offered alternatives if choices were not to their taste. Any changes to people's nutritional and fluids needs were highlighted at daily handover meetings and communicated to catering staff. Catering staff had a good understanding of people's dietary needs. Staff supported people to eat and drink in a dignified way when this was needed. People's health and wellbeing benefitted from high quality and well-presented food.

The care home offered opportunities to promote physical health and mental stimulation. We observed meaningful interactions where staff encouraged people's independence. For example, people were assisting the painter and the chef with small tasks. Others had weekly voluntary placements, which the service plans to promote more of. Some people told us they wanted to get out more.

The service had an activities coordinator who provided a weekly planner based on people's feedback. This included arts and crafts, entertainment, and physical exercise. The service had community links and plans to further expand on these. We observed people using the garden when there was nice weather. This meant people had choice to participate in a range of activities to maintain or improve their physical and mental wellbeing.

People's health benefited from the support that was provided. Staff were responsive to changes in people's health needs and raised these at daily meetings. There was evidence of appropriate referrals being made and action taken, to minimise risk to people when their needs changed. This ensured people received timely care which supported their health and wellbeing.

Although there were protocols for monitoring people's health needs, for example, food and drink or weight, some recordings were incomplete or inconsistent. Accurate recording and monitoring helps to make sure staff take action when needed, to support people's health (see area for improvement one).

The service had a safe, well-managed medication system to meet people's medical needs. Staff had received training, and had clear guidance, to support this safely. This included oversight of 'as required' medication (PRN) and records of how and when it is used.

The protocols for when people needed 'as required' medication (PRN) to support their stress or distress didn't always have the right information. Where triggers were noted in people's personal plans, these should also be included in their protocol (see area for improvement two). There was oversight of medication management which included reporting of errors and actions recorded. We were confident that people's medication needs were being regularly reviewed and monitored.

## Areas for improvement

1. The service should ensure accurate recording and monitoring of people's health needs. For example, food and fluid, weight, blood sugars and bowel management.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

2. To support people's health needs, the service should ensure potential triggers for people's stress and distress are well-documented within personal plans and protocols for 'as required' medication.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people respond promptly, including when I ask for help (HSCS 3.17)' and "My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The provider had an environmental plan in place, however, some actions identified had not yet been achieved. These had no clear planned date or identified priorities. This meant that some important improvements were not addressed. We discussed with management how to ensure that all areas of improvements are recorded. The service has not had a full-time manager to support with monitoring this work. However, a new manager had been appointed and was due to start work in the weeks ahead. The appointment of a manager should improve oversight and ensure that actions are prioritised and addressed in a timely manner.

Staff provided positive feedback about management within the service and told us they felt supported and listened to. Several staff members were identified as Quality Champions for a range of key aspects care, however, there was no evidence of how this is put into practice. Progressing and monitoring this will share accountability for quality improvement across the staff team.

Team meetings had not taken place regularly. The service should ensure these take place to improve communication within the staff team. Consideration should be given to how best to engage all staff in self-evaluation. The service should consider introducing daily flash meetings to reduce risk for people, where there are changes to health needs and where further action might be needed.

There were quality assurance procedures in place, to assist the manager with monitoring the quality and standard of the service provided. This included oversight of training, supervision, and staff registration. The service had started to complete audits regularly, and these identified where areas needed improvement. Introducing a walk around audit, and sharing outcomes of audits and actions with staff would help ensure focus and shared working to improve outcomes for people.

The service had a complaints policy and procedure in place. Where one complaint was received, we could see appropriate actions were taken. Including a review feedback discussion with the complainant would ensure that people's views and concerns are listened to and actioned appropriately.

People's feedback had been gathered through surveys. This was then shared through 'You Said We Did' information boards within the home, for example, preferences for activities. The service was not sending regular newsletters, but people and relatives told us this was important to them. The service had plans to ensure regular feedback was provided to people experiencing care and relatives on developments and plans in the service.

The service should ensure that opportunities to hear from people and their families are improved so that people experiencing care and support, and their relatives can influence the development of the service (area for improvement one).

## Areas for improvement

1. To achieve comprehensive quality assurance and service improvement, the provider should explore different ways of receiving feedback from staff, people and relatives which contributes to the self-evaluation of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (HSCS 4.8)

## 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.

The staff team included many experienced staff who had worked in the care home for several years, and some staff who had recently started. Feedback from people was positive about staff and the care they provided. We were told "Staff are all very nice, communication is good, and I have got to know some staff well". Staff were kind, attentive and held meaningful interactions with people. This meant people felt relaxed and comfortable with the support within the home.

Staff had been safely recruited, and they could tell us about their induction, which involved mandatory training. Staff spoke positively about their role within the service, and the value of working within a supportive team. Online and practical training was available to staff, to develop their knowledge and skills. Training had a high level of compliance, and we could see plans for future training. We discussed the training needs for Quality Champions in place, and how this would assist the service to further support people's health and wellbeing. This ensured staff had the appropriate knowledge and skills to undertake their role and keep people safe.

Supervisions were not carried out regularly in line with the provider's policy. This included care and domestic staff. Some observations of practice were being carried out regularly in relation to hand washing, but no other observations took place. We raised with the management team that implementing a consistent programme of observations of staff practice would provide valuable feedback to staff on the care they provide. Regular staff supervisions would support their learning and development and help maintain their wellbeing.

A dependency tool was used to determine the number of staff and skills needed to meet people's care needs. The rota reflected the outcome of the dependency tool and staff were visible supporting people and joining in with group activities.

Because people said they wanted to go out more often, individually or in a group, the service should ensure that there are enough staff to respond to this. The management team should ensure that they coordinate and support staff more effectively when housekeeping staff are absent. Management oversight across all staff teams will improve coordination and ensure people are receiving the right level of support.

Staff who did not provide direct care, such as cooks, housekeeping, maintenance, and activities coordinator, recognised they played an equally important role in people's support. There were warm and kind interactions between these staff and people living in the care home. These interactions help increase people's trust and created a positive and homely atmosphere.

### Areas for improvement

1. To help ensure that staff receive appropriate support to carry out their role effectively, the provider should ensure that there is regular supervision for staff which is in line with their organisational policy.

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

### How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The home was comfortable and promoted small group living. There was a variety of spaces for people to enjoy in the home, with a mixture of busier and quieter seating areas. We observed people freely accessing different spaces at the time of inspection. This meant that people could choose where to spend their day and have privacy when they wanted.

The communal areas were welcoming, spacious and tidy. The environment and equipment were generally clean and well maintained. However, some areas and rooms were being used for storage, with incorrect signage and which were accessible to people. There was the potential for risks to people if they used these areas without support of staff. We identified some necessary repairs and some concerns around cleanliness. The manager was responsive and took action to address this immediately. People should experience a clean, tidy, and well-maintained environment.

An environmental plan was in place, and ongoing refurbishment was taking place. Areas of the plan were not detailed enough in relation to priorities, updates, and completion. A timely response is needed to ensure people experience a high-quality environment.

Maintenance records were in place, however, it was unclear how these were being managed and prioritised. Where we identified repairs required, we could see only some of these were recorded, and others had not been actioned in a timely manner. Delays to completion of repairs increases risk to people's health and safety (see Requirement one).

The provider had made improvements to the environment and had completed some areas of refurbishment. This included some communal areas and bedrooms being redecorated, with new chairs and sofas being purchased for living spaces. Other areas still required completion but had no timescales as to when, for example, an accessible bath and refurbishment of shower rooms. This was raised with the manager who took action and arranged a date for work to begin. This ensured people are given choice on how their personal care needs are met. (see area for improvement one).

Addressing Fire Service recommendations should be improved. Actions had not been prioritised in the Scottish Fire and Rescue Service report and we discussed how to address these with the manager. The manager took action and provided reassurance during the inspection with planned dates for appropriate works to start. The manager should liaise with appropriate services, such as the fire safety service, improve record keeping and oversight to ensure all relevant checks take place. This will ensure people are kept safe from harm (see area for improvement two).

There were well-kept enclosed gardens for people to use. People enjoyed time in the garden and the different seating areas supported options for people to enjoy a social space with family and friends. This meant people had choice where to spend their time.

## Requirements

1. By 13 July 2025, the provider must ensure people experience care in an environment that is well maintained. This will enhance the living conditions and improve outcomes for people.

This must include, but not limited to:

- a) Ensure the environment plan identifies priorities and follows a SMART approach of being specific, measurable, achievable, realistic and time bound.
- b) Address maintenance and environmental needs in a timely manner identified in the service action plans.

This is to comply with Regulation 4 (1) (a) (b) (Welfare of service users) and 14 (d) (Facilities in Care Homes) 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 which state, "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment". (HSCS 5.22)

## Areas for improvement

1. To keep people experiencing care safe, the provider should ensure collaborative working with the Scottish Fire and Rescue Service, to agree actions required for the home and address in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is secure and safe'. (HSCS 5.19)

2. The provider should ensure people have access to sufficient bathing and showering facilities, and people's choices of bathing and showering are held their personal plans. This will improve outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people'. (HSCS 5.30)

**How well is our care and support planned?**

**3 - Adequate**



We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Personal plans included some good information to assist staff's understanding people's needs. People had 'All About me' profiles which were a good reference for temporary or new staff who did not know people well. People had their future planning wishes recorded, and discussions had taken place around what matters to people and their families. This ensured people's rights and wishes are considered when their health deteriorates. Where people were unable to make choices or decisions, legal documentation was recorded in their personal plan. This meant that staff were clear about their role when supporting people with their decisions.

Care plans and risk assessments were in place for people at risk of harm due to falls, stress and distress or poor dietary intake. The assessments recorded how to keep people safe, and the actions needed to reduce risk. We found some risk assessments were not reviewed regularly and some information was not consistently recorded in the right places. There was regular contact with GPs and external health professionals for advice and support and changes were properly recorded. This ensured people receive timely and responsive care.

Plans were paper based, and some plans had gaps or were incomplete. For example, some people did not have completed hospital passports and belongings list. This could cause difficulty for new staff or agency staff finding the right information about people's care needs. As a result, people may not have their care needs addressed appropriately.

The service was moving to an electronic care plan system and were aware of the issues that have been raised during the inspection. Introducing an electronic system will assist the service and alert staff when information needs updated or reviewed. This will help ensure people's needs are accurately recorded and up to date and that staff can access the right information to provide appropriate care.

## 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
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.