

# Oxton House Residential Home For Older People

## Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
10 April 2025

**Service provided by:**  
Oxton House Residential Home for  
Older People

**Service provider number:**  
SP2003000209

**Service no:**  
CS2003001077

## About the service

Oxton House Residential Home for Older People is registered to provide a care service to a maximum of 34 older people, a maximum of two of whom may be below the age of 65, with physical or mental health needs. The provider is Oxton House Residential Home for Older People.

The property comprises of three adjoining Victorian terraced houses, situated in the southside of Glasgow, consisting of three floors accessed by a passenger lift. People have a choice of sitting rooms and dining areas. There are mature gardens with a summer house to the rear of the property providing accessible areas for people who use the service.

The care home is well-situated for public transport links and close to local amenities such as cafes and restaurants, shops, churches and a large public park with a pond area.

There were 27 people using the service at this inspection.

## About the inspection

This was an unannounced inspection which took place on 8, 9 and 10 April 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 10 people using the service and five of their families
- spoke with five staff and four management
- observed practice and daily life
- reviewed documents
- obtained feedback from two visiting professionals

## Key messages

- The staff team knew people well.
- Improvement to addressing infection prevention control and maintenance must be made to ensure the setting is clean and safe.
- Staff felt well-supported by the management team.
- Processes around quality assurance must be enhanced.
- Personal planning had improved but further work was needed to ensure better outcomes for people.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
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?

## 2 - Weak

We made an evaluation of weak for this key question. We found some strengths when we looked at how the service supported people's wellbeing. However, these were compromised by significant weaknesses that impacted on the welfare and safety of people.

People experienced compassion, dignity and respect. We observed staff using their knowledge and skills to deliver care and support in a compassionate way, with warmth and kindness. It was clear that they knew people's needs well and we saw staff members sensitively support people who were upset or disoriented. This helped people feel safe and that their concerns were validated. Throughout the inspection, we observed staff responding to people politely and respectfully and, where appropriate, with shared humour.

Meaningful activity is known to benefit people's wellbeing. However, during the inspection opportunities for meaningful activity and engagement were sparse. We observed people sitting in the lounges without much stimulation or asleep in armchairs, without interaction for lengthy periods, which could negatively impact on their wellbeing. Organised activities were planned for set times of the day or week but this did not reflect what was observed. We did not see meaningful activities taking place and this needs to be progressed to help people remain physically and mentally stimulated and enhance their feelings of wellbeing (see area for improvement 1).

We observed mealtimes and found the experience for some people was varied. People were supported to eat or use aids if required, and this was done with compassion and care. Overall however, there was a lack of engagement with people, with communication being very limited from some staff. This was further impacted by the layout and size of the dining rooms. They were not conducive to encouraging conversation, with some people sitting in lounges to dine. The service should improve the overall dining experience for people (see area for improvement 2).

We reviewed residents' finances and found that the service managed some residents' monies through appointeeship. We found there was a lack of clarity over people's funds and if they were kept separately from the funds of the business. The appointee arrangements should be improved to ensure adequate information is made available to discharge this responsibility (see area for improvement 3).

Medications were managed effectively with safe systems in place for storage, administration and recording. Regular audits were undertaken, and staff received regular training. This ensured people were supported well with their medication to maintain their wellbeing. People were supported by a range of visiting health professionals who told us that staff were responsive, followed advice provided and communicated well with them about health issues. These approaches helped keep people well and ensured their health needs were being met.

We found that the cleanliness in some areas of the home, and of some care equipment, was not at an acceptable standard. We found some items of care equipment to be contaminated with debris, grime, and body fluids. These included some toilet surround frames, commode chairs, chair cushions in individual rooms and the housekeeping trolley used by staff. We saw that other care equipment was not capable of being adequately cleaned and disinfected due to damage to the integrity of the coverings. This included bedframes, bed rail covers and some toilet frames. This meant that the risk of infection for people was increased.

We were concerned that poor infection prevention and control practices would not safeguard people experiencing care from the risk of infection. There was a lack of application of knowledge around decontamination and general cleaning from some of the staff team. This had led to a decline of the cleanliness and hygiene standards people were experiencing within the home.

A reliable system must be put in place to provide assurance that hygiene and cleanliness is maintained. The provider must ensure that quality assurance systems effectively identify and mitigate the risk of the transmission of infection (see requirement 1).

## Requirements

1. By 30 May 2025, the provider must ensure that acceptable standards of infection prevention and control, and the cleanliness of the home and equipment used by people experiencing care are maintained. To do this the provider must, at a minimum:

- a) Ensure there is a schedule for cleaning and effective systems of working in this area.
- b) Make sure there is a schedule of planned and preventative maintenance of the environment to ensure effective decontamination and minimise the risk of infection.
- c) Ensure that the decontamination of equipment used by people experiencing care is undertaken between each use, after body fluid contamination and at regular pre-defined intervals as part of schedule of cleaning.
- d) Implement and use quality assurance processes for infection prevention and control, including regular environmental cleanliness audits, cleanliness audits for equipment used by people experiencing care and regular observations of staff practice. This is to ensure that all care equipment and the environment are clean, safe and intact.

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 experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

## Areas for improvement

1. To improve people's wellbeing, the provider should ensure that they have opportunities to engage in meaningful and stimulating activities in the home. This should include but is not limited to:

- a) Ensuring that people have a meaningful choice about their activities, and these are recorded and evaluated in a person-centred way in their care plan.
- b) Ensuring that staff actively engage with people when carrying out care tasks.
- c) Reviewing staff deployment and the use of space to maximise people's opportunities for meaningful activities and stimulation.

d) Evaluating activities to ensure that people enjoy them and they benefit their wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25) and "People have time to support and care for me and to speak with me" (HSCS 3.16).

2. To improve the mealtime experience for people, the provider should:

a) Undertake observations of the dining experiences and implement any actions required to ensure the mealtime experience is positive for people.

b) Review the layout of the dining environment to support a positive dining experience where people can socialise.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSC 1.33)

3. To enable clarity with regard to the management of people's funds, the provider should ensure there are safeguards to guarantee that people's funds are secure and managed in line with good practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded" (HSCS 2.5).

## How good is our leadership?

## 2 - Weak

We made an evaluation of weak for this key question. We found some strengths when we looked at how the service supported people's wellbeing. However, these were compromised by significant weaknesses that impacted on the welfare and safety of people.

Since the previous inspection there had been a change in the management team, with a newly promoted manager and two new senior staff in post. This has led to a change in roles throughout the service and those affected may require time to embed their practice and develop their knowledge and skills in leadership.

Staff spoke positively about the management and leadership within the service and how approachable and supportive the management team were. Staff were confident that any concerns would be dealt with appropriately and, where necessary, escalated. There was effective communication within the staff team.

The provider had a quality audit system in place to assess and monitor the quality of service provision. This was being used to check that expected standards, and good practice guidance were being implemented. Some of these audits also included checking the quality of people's experiences. Although we found examples of completed audits, they did not reflect some of our observations or findings, as reported under How well do we support people's wellbeing? and How good is our setting? of this report. Some areas of service delivery were not being effectively monitored through management oversight or quality assurance processes. This meant that outcomes for people were compromised and placed them at risk of potential harm. To ensure that people benefit from their care interventions and positive outcomes are achieved, this must be improved (see requirement 1).

The service would benefit from undertaking self-evaluation aligned to the quality framework for care homes for adults and older people. Constructing an effective self-evaluation should lead to the development of an ongoing, dynamic and responsive improvement plan that details the future direction of the service. We suggested that a whole-team approach be adopted to ensure full consultation with staff on self-evaluation and the resulting priorities for improvement. Consideration should also be given as to how people experiencing care and other stakeholders could be included in this exercise (see requirement 1).

## Requirements

1. By 31 July 2025, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes for them. To do this the provider must, at a minimum, ensure:

- a) The quality assurance system supports a culture of continuous improvement.
- b) Audits are completed with transparency and reflect relevant best practice guidance for the area being assessed.
- c) Information gathered from quality assurance processes and self-evaluation is used, as part of an improvement plan, to improve practice.

This is to comply with Regulation 3 and 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People told us the staff were kind and caring. We observed some warm and caring interactions between staff and people in each unit. Relatives said that staff were approachable and that they would raise any concern they had with them.

Some people said that there were some new staff, and the names of these staff were unfamiliar. Relatives said that in general there was consistency with staff, however, there would at times be new staff who they did not know.

Most adult care homes use a staffing level or dependency tool to determine baseline staffing numbers. These tools are designed to provide numerical information based on people's needs. The tool must include information based on the professional judgement of staff. At the last inspection, we noted that the management felt the dependency tool they had used fell short of capturing the needs of individuals. They relied on their professional judgement and knowledge of the people using the service.

We had suggested that management formalise a professional judgement pro forma to enable them to evidence how staffing decisions are made going forward. Although there were sufficient staff available during our visit to meet people's needs, there was no record of professional judgement to demonstrate how decisions were made. We asked the management to make a record of their judgement and demonstrate that there is always the right skill mix of staff to support and care for people in a person-centred way (see area for improvement 1).

Staff helped each other by being flexible in response to changing situations to ensure care and support was consistent and stable. Some improvement could be made to looking at specific times of day, particularly mealtimes, where staffing deployment could be improved. We gave some examples from our observations and from staff feedback during the inspection (see area for improvement 2).

## Areas for improvement

1. To demonstrate that there is always the right skill mix of staff to support and care for people in a person-centred way, the provider should record their professional judgement and evidence how staffing decisions are made.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

2. To fully meet people's health and care needs, the provider should ensure there are always sufficient qualified staff deployed effectively on each shift

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

## How good is our setting?

**2 - Weak**

We made an evaluation of weak for this key question. We found some strengths when we looked at how the service supported people's wellbeing. However, these were compromised by significant weaknesses that impacted on the welfare and safety of people.



During this inspection, we found most areas of the home to be clean and free from odour. However, we noted that some of the carpeting in some bedrooms and areas of the home required to be replaced or have further deep cleaning. There were some points of malodour during the day from these carpets and this detracted from people experiencing a pleasant, cared for environment. This could also increase the risk of transmission of infection.

The décor of the home was of a time, and chosen by people experiencing care. Some of this décor required renovation and refurbishment. We also noted that some of the floor coverings were in need of repair or replacement. Maintenance within the home was not always being addressed timeously. Examples of this included the replacement of an assisted bath, remedial work in some bedrooms, and the redecoration of parts of the home. This resulted in a lack of good living standards for people in some areas of the home (see requirement 1).

It is crucial that health and safety checks are carried out in a care home to ensure that the environment and equipment are safe, protecting people from the risk of harm. Most of the safety check records that we would expect to see were missing. Whilst we were reliably informed that these had been available and completed until recently, it was unclear where these records had gone and they could not be retrieved during our visit. This meant that we could not be confident that at the time of this inspection that risk was being appropriately managed (see requirement 1).

There had been investment in the improvement of shower facilities, replacement of some flooring and the home had a well-presented enclosed garden. These improvements had made some difference in people's experiences. This supported people to get involved with gardening or other leisure pursuits and supported them in maintaining their mobility and independence. The home should continue to make improvements identified within the service improvement plan in relation to the environment and keep residents, relatives and staff updated.

The laundry was small but appeared well-managed with industrial machines being used. These were able to achieve the appropriate hot temperatures needed to achieve thermal disinfection, essential to reduce the potential risks from infectious linen.

The service should follow good practice guidance to enhance the environment for those living with dementia. Each part of the home would benefit from better signage and visual markers enabling people to move more easily and independently (see area for improvement 1).

## Requirements

1. By 31 July 2025, the provider must ensure that people experience high quality facilities. This will enhance the living conditions and improve outcomes for people. To do this the provider must, at a minimum:

- a) Use the outcomes of environmental audits to inform a development plan to improve the environment of the home.
- b) Ensure the plan includes, but is not restricted to, details of measures to ensure the home is free from unpleasant smells.
- c) Replace carpeting that can no longer be cleaned or repaired.

d) Ensure the plan includes timescales for the scheduling work to make improvements.

This is to comply with Regulation 4(1)(d) 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 experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.24) and "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells" (HSCS 5.20).

## Areas for improvement

1. To enhance the environment for those living with dementia, the provider should follow good practice guidance. This should include the replacement or introduction of better signage and visual markers.

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) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

## How well is our care and support planned?

**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

It is essential staff have all the relevant information about each person to be able to deliver care and support effectively. Care and support plans were detailed however there were some where information or guidance had not been updated in all sections.

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and supporting people with any decisions to be made or needed support to make. Personal plans contained anticipatory care plans and people's wishes for resuscitation were noted with DNACPRs (Do not attempt cardiopulmonary resuscitation) completed when this was people's chosen outcome.

Contacts for relevant health professionals and family members were noted in plans, meaning people could be quickly contacted when issues arose. Relatives were invited to take part in reviews of care which gave an opportunity for them to give feedback and be involved in a meaningful way, in support of their family member.

When people's health needs had changed, personal plans and risk assessments were promptly updated. This ensured care and support delivered was responsive to people's changing needs.

## 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

In order to maintain people's health and wellbeing, their personal plans should:

- a) Identify what health conditions people are living with and direct staff on how best to support them with this.
- b) Reviews of personal plans should reflect people's views and identify and adapt any outcomes identified.

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 13 June 2024.**

#### Action taken since then

There had been some improvement in some of the plans we sampled but the majority of personal plans had yet to be evaluated and updated by the manager.

**This area for improvement has not 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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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