

## Almond View Care Home Care Home Service

5 Drumchapel Place  
Drumchapel  
Glasgow  
G15 6DN

Telephone: 01419 448 893

**Type of inspection:**  
Unannounced

**Completed on:**  
7 May 2025

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2020379131

## About the service

Almond View Care Home is registered to provide a care service for up to 78 older people. Inclusive in this number is a maximum of four places for adults aged 50-64 yrs with conditions aligned with old age. The provider is Holmes Care Group Scotland Limited.

The home is purpose-built and the service is provided over two floors, with lift access between each. All bedrooms are provided on a single basis with en-suite toilet and wash hand basin. Shared bathing and shower facilities are available.

Residents have access to communal lounges and dining rooms on both floors. Garden space is located at the rear of the home and an accessible, enclosed courtyard is also available. Visitors' parking is located at the front of the home.

## About the inspection

This was a follow up inspection which took place on 7 May 2025. The inspection was carried out by one inspector 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 the manager, a nurse and a senior carer as well as reviewing relevant documents.

## Key messages

The service had made progress in responding to the requirements made as a result of the complaint investigation.

## How well do we support people's wellbeing?

Records confirmed that all staff had read the service policy and procedure on falls management and team meetings had been used to strengthen staff understanding of the procedures to be followed. We found that NHS training on falls management has been arranged with more events planned. We sampled care plans and risk assessments for people who are known to be at high risk of falls. With one exception, we found appropriate care plans and risk assessments were in place and had been reviewed recently. Records showed that staff were escalating concerns to medical services where appropriate and, we were confident that family/representatives were being notified without delay where their relative had experienced a fall. We found that some work was still needed to ensure the consistent recording of clinical observations for people in the post fall period. Records we sampled were not all complete and did not demonstrate that observations were recorded in line with expected procedure. Overall, we were satisfied that progress had been meeting in meeting this requirement. Some work is needed to ensure post falls monitoring is completed fully and consistently by all staff and so we have restated this as an Area for Improvement.

## Areas for improvement

1. The manager should ensure that all staff adhere to the service policy and procedure when recording observations and monitoring of people in the post fall period.

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

### Requirements

#### Requirement 1

By 01 May 2025, to support the safety and wellbeing of people, the provider must ensure that the approach to falls management is improved. To do this, the provider must at a minimum, ensure:

- a) all staff are familiar with, and follow, the guidance set out in the service policies and procedures on the management of falls
- b) staff complete accident/incident reports and body maps fully and promptly
- c) post falls monitoring of people is implemented with all observations recorded
- d) in line with guidance, staff make appropriate referrals to external agencies.

**This requirement was made on 21 March 2025.**

#### Action taken on previous requirement

Evidence confirmed that all senior staff had read, and signed to confirm their understanding of the service policy and procedure on falls prevention and safe moving and handling of people. Themed supervisions had been completed by the manager with all nine senior staff members. These sessions focussed on Falls Prevention and Management and offered a review of expected practice and procedure. Reflective practice and self-evaluations had also been completed and two falls training sessions were held with senior staff on 16 and 24 April 2025. Care records showed improved detail in the information being recorded around falls risk and support plans. We found that the resident of the day and flash meetings were being used to improve communication across the staff team, and with families and relevant healthcare professionals. Together this meant, there was better oversight in terms of the response to falls experienced by people.

**Met - within timescales**

#### Requirement 2

By 01 May 2025, the provider should ensure that people experiencing care have a personalised care plan, which sets out how their continence care needs will be met. To do this, the provider must as a minimum:

- a) demonstrate that an assessment of people's continence care needs has been completed

b) develop a person centred care plan which sets out how their continence needs will be met.

This requirement was made on 21 March 2025.

#### Action taken on previous requirement

Records showed that throughout April 2025, continence assessments were reviewed for all residents in the home. We sampled the support plans and found these to be person centred with clear information on individual product requirements. Daily flash meetings have increased opportunity for staff to discuss issues relating to people's continence and the care and support required. The manager has recently identified an experienced senior carer to take the lead in actively promoting and supporting staff in managing people's continence care. Together, these steps have improved the approach to managing people's continence care and we were satisfied that this requirement has now been met.

Met - within timescales

## 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).

## 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.