

# The Village Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
19 June 2025

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300789

## About the service

The Village Nursing Home is situated in a residential area of Cumbernauld, North Lanarkshire.

The provider is HC-One Limited and is registered to provide care and support for 48 older people. There were 38 people living there at the time of the inspection.

The home provides long-term nursing care as well as short-term respite breaks, to people with physical and cognitive impairment.

The home is purpose-built over three levels, with lounges and dining facilities on each of these.

All bedrooms have ensuite toilet and wash basin facilities and people are encouraged to bring in their own furnishings to personalise their rooms.

There is a secure garden area with seated areas for people to enjoy in the better weather. Two recently completed decking areas have been added with seating for people now also available near the front entrance.

## About the inspection

This was an unannounced inspection which took place between 12 - 19 June 2025, between 03:00 and 17:30. The inspection was carried out by three 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:

- Spent time with 18 people using the service and spoke with 9 of their families/friends who were visiting/ via a phone call.
- Spoke with 27 staff and management.
- Observed practice and daily life.
- Reviewed documents.

## Key messages

- People living in The Village Nursing Home, and their families were happy with the current care and support.
- A new manager, supported by a relief manager, had recently transferred over due to the post becoming vacant and were making improvements at the service.
- Improvement was required to ensure that people had access to the correct equipment they required.
- Improvement was required to ensure that staff had access to concise and up to date information about each resident along with well completed supporting daily documentation/charts.
- The provision and monitoring of nutrition and hydration required improvement.
- People living in the care home and staff benefitted from a warm atmosphere because there were good working relationships across all departments of the care home.
- The service should review the processes for dealing with complaints and/or duty of candour.

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

## 3 - Adequate

We evaluated quality indicator 1.3 as adequate, where although there were some strengths, these only just outweighed weaknesses.

People living in the care home and their families were happy with the care and support, although some spoke of there having been concerns until recent improvements made by the new management team. One person told us, "It's very nice....I'm quite happy here", whilst another explained, "Its alright living here". Family comments included, "My relative I'm quite sure gets looked after quite well", "Since the new manager came there's improvements" and "I'm happy with the care and support....my relative always looks tidy".

We observed people to be clean, tidy, and well presented as staff had taken time to ensure that people maintained their dignity and sense of wellbeing.

People could be assured that the service liaised with external healthcare professionals as and when needed including GP, falls team and community mental health team. The service were currently receiving enhanced support from the care home liaison team, and other NHS Lanarkshire professionals, due to recent concerns being followed up by the health and social care partnership.

We were concerned that people's nutrition and hydration needs were not being fully met. The service used the Malnutrition Universal Screening Tool (MUST) to identify people who may be at risk. However, expected actions for people who were then identified as at risk were not being followed. These included inconsistency around the provision of a daily fortified diet and inadequate monitoring of people's intake. We observed an inconsistent approach to people who were up and dressed early being routinely offered a small breakfast until the full breakfast trolley was available from just after 9am (see requirement 1).

We started our inspection at 03:00 hours and found that there was confusion and a lack of consistency around equipment to support people who were at risk from falling. Some people had too much equipment, which then disturbed their sleep as well as unnecessarily taking staff away from supporting other people. Others had equipment that was not suitable and temperamental. Only a very small number of people had call bells in their bedrooms to summon staff, yet we identified others who should have this in place. We highlighted this to management who took immediate action and reduced/replaced equipment by the end of the inspection (see requirement 2).

Peoples' stress and distress was responded to in a caring and compassionate manner. Staff were competent in de-escalation of distressed behaviours through redirection both physically and emotionally. This meant people had their emotional needs responded to in a timely and effective manner.

People's skin integrity was maintained because the service had a proactive and person-centred approach which was based on good practice recommendations and the assessment of risk. However, associated documentation for monitoring pressure relief was not fully completed by staff and needed improved.

Improvement was required to ensure that staff had access to concise and up-to-date information about each resident along with well completed supporting daily documentation including charts. We have made a requirement around this under key question 5 'How well is our care and support planned?

## Requirements

1.

By 31 July 2025, the provider must ensure people are supported to have food and drink that meets their needs and wishes.

To do this the provider must, as a minimum, ensure that:

- a) People identified as having a MUST score of 1 or above and therefore at risk of malnutrition are offered a food fortified diet throughout the day
- b) Staff are trained in food fortification and how to support people to eat and drink well
- c) Food and fluid charts are completed and retained to allow for further assessment and to provide evidence that first line interventions have been implemented.

This is to comply with Regulation 4(1)(a) and (b) (Welfare of users) 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: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37)

2.

By 31 July 2025, the provider must ensure that they make proper provision for the health, welfare and safety of service users. To do this, the provider must, as a minimum:

- a) carry out an assessment of all service users to identify any individuals who are at particular risk from falling
- b) ensure that suitable and adequate control measures are identified and put in place to reduce their risk of falling
- c) ensure that staff are aware of any equipment identified and that this consistently used and in good working order
- d) ensure that people are able to reach and use the alarm system or call-pull when in their en-suite, bedroom and communal areas such as bathrooms, toilets, lounges and dining rooms.

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: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.18).

## How good is our leadership?

## 3 - Adequate

We evaluated quality indicator 2.2 as adequate, where although there were some strengths, these only just outweighed weaknesses.

There had been changes to management since the end of April 2025. We heard about the improvements that had been made within the care home since then. We appreciate that this has only been a very short period of time so far, but felt assured that these improvements would continue as the new manager showed enthusiasm and commitment. People spoke about the manager now being visible, approachable and had an

open door policy. People now felt confident giving feedback and raising concerns because they knew this would be welcomed and responded to in a spirit of partnership. Comments from people included, "Communication is better, more updates, meetings etc", "The new manager knows about the laundry issues and is going to sort things out" and "I've spoken to the new manager a few times now".

Whilst the provider had a robust quality assurance system, these had not been getting implemented for a while. The management had now started to get this back up and running, however, it was at too early a stage to evaluate the impact of this.

Leaders were working hard to have a clear understanding about what was working well and what improvements were needed. They ensured that the needs, outcomes and wishes of people living in the service were the primary drivers for change. Some audits were completed with key actions being identified. Planned actions were assigned to individuals and units which encouraged a whole team approach. There was an overall service development plan in place which identified planned actions to drive improvement.

Observations of staff practice had recently started and were planned across a wide range of different topics to assess learning and competence. Outcomes from these should be used to link to supervision and appraisals.

Staff told us that they felt supported and could go and speak to senior staff or management if they had any ideas or concerns.

## Areas for improvement

1. The provider should ensure that when people or their representatives raise concerns about their care and support, effective action is taken to address their concerns in line with the service's complaint policy. This should include an outcome letter that has a 'Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)' action plan, where appropriate. This should also clearly identify if the complaint will also be managed under 'Duty of Candour' legislation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

## How good is our staff team?

### 3 - Adequate

We evaluated quality indicator 3.3 as adequate, where although there were some strengths, these only just outweighed weaknesses.

Over the past months, there had been a significant turnover of staff. Staff were still coming together as a team. There was currently a reliance on agency staff and borrowed staff from sister homes to support staffing levels alongside some newer staff. Staff were still coming together as a team. That said, everyone felt that there was good team working across the whole home.

People living in the care home and staff benefited from a warm atmosphere because of these good working relationships. One person told us, "staff are good", whilst another felt, "The staff are very good...there's nothing that they could be doing differently". Relatives were also very positive about staff with one explaining, "Staff are friendly and approachable", whilst another told us, "I'm always made to feel welcome by staff". Some people commented about the use of agency staff and preferred when the home's own staff were working.

People could be assured that the numbers and skill mix of staff were determined by a process of continuous assessment.

Staff spoke of morale improving since the new management team were in place. Overall, staffing arrangements were right and also responsive to the changing needs of people. Staff spoke of very good team working and being very well supported by senior staff and management. There was some confusion around the staffing levels on dayshift. We discussed this at feedback and were assured that the fifth member of staff would continue to support people living in the Abronhill Unit when needed, but also across the whole home too.

### How good is our setting?

### 3 - Adequate

We evaluated quality indicator 4.1 as adequate, where although there were some strengths, these only just outweighed weaknesses.

People benefitted from a comfortable, warm and homely environment where residents were able to sit and chat to each other. They were able to move around each unit as they wished and choose where to spend their day.

The environment was generally clean and tidy, with no evidence of intrusive smells. Systems were in place to ensure that repairs were managed efficiently.

The service were currently being supported by NHS Lanarkshire's infection prevention and control nurses to work through an environmental action plan.

People could be assured that the care home supported the inclusion of families and friends and promoted and supported families to take their relatives out.

People were encouraged to personalise their bedrooms how they liked with photos, ornaments and other aspects that were familiar to them.

Improvement was required to ensure that people had access to falls equipment and call bells to keep them safe. We have made a requirement around this under key question 1 'How well do we support people's wellbeing?

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

### 3 - Adequate

We evaluated quality indicator 5.1 as adequate, where although there were some strengths, these only just outweighed weaknesses.

At the start of the inspection, there was no 'at a glance' overview for each resident to guide new, agency and borrowed staff from sister home. There was a lack of robust handover documentation, with staff confused around what they were to use. We highlighted this to management who took immediate action and put systems in place by the end of the inspection. We were concerned about this because personal plans were inconsistent and we could not be assured that they accurately reflected the care and support experienced by people who live in the service. The format, whilst easy to navigate through by permanent staff, was confusing and not user friendly otherwise. The provider was in the process of imminently introducing an electronic system and had started the migration process (see requirement 1).

We sampled daily supporting documents and found that where people needed a specific aspect of their health monitored, these supporting documents were inconsistently completed and that trained staff did not have an overview of these to make them meaningful (see requirement 1).

The service were currently working closely with the local social work team who were carrying out reviews on all residents due to recent concerns being followed up by the health and social care partnership. This included processes to ensure that supporting legal documentation was in place to ensure people were protected and to uphold their rights.

## Requirements

1. By 31 October 2025, the provider must ensure each service user has a personal plan in place which sets out how the service user's health, welfare and safety needs are to be met.

To do this the provider must, at a minimum, ensure that:

- a) staff have the knowledge and skills to use their electronic system
- b) relevant risk assessments are completed and used to inform the personal plan
- c) where a service user needs a specific aspect of their health monitored, that supporting documents are completed and that trained staff have an overview of these.

This is to comply with Regulation 5(1) and (2) (Personal Plans) 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: '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

In order to ensure good outcomes for people, the provider should ensure that people are supported to achieve a good standard of oral hygiene. This should include, but is not limited to, recording the support provided.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 17 March 2025.**

#### Action taken since then

Whilst we found that the provision and recording of oral hygiene had improved, but remained inconsistent across the care home. Records had significant gaps. Where people consistently refused support, action to be taken was not within their care plan.

This area for improvement has been repeated.

### Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	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

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