

## Quayside Care Home Service

250 Halley Street  
Yoker  
Glasgow  
G13 4DT

Telephone: 01419 514 283

**Type of inspection:**  
Unannounced

**Completed on:**  
24 June 2025

**Service provided by:**  
HC-One No. 1 Limited

**Service provider number:**  
SP2016012770

**Service no:**  
CS2016349826

## About the service

Quayside is a care home registered to provide care to a maximum of 150 older people. The provider is HC-One No.1 Limited. There were 117 people living at the service at the time of this inspection.

Quayside is a purpose-built facility within the Yoker area of Glasgow and is close to local amenities and transport links.

The home has six separate units, each providing single bedroom accommodation. One unit remained closed at the time of this inspection, the other had been repurposed to provide HC-One Scotland's head office.

Each unit has an open plan lounge dining area. All bedrooms have ensuite facilities. There is a communal sitting room and dining area in each unit. All units are on ground level. Parking is available within the grounds of the home.

## About the inspection

This was an unannounced follow up inspection which took place on 24 June 2025 between 10:00 and 15:45. The inspection was carried out by two inspectors from the Care Inspectorate Complaints Team to follow up on two requirements that were made following a complaint investigation on the 15 May 2025.

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. To inform our evaluations we:

- Reviewed documents to support auditing and monitoring people's health and wellbeing;
- reviewed training material/resources;
- reviewed five people's care plan communication records;
- reviewed five, one to one supervision records and one group supervision record;
- reviewed nine staff observations of practice;
- spoke with the management team.

## Key messages

The manager had approached the requirements in a proactive and open way and was driving changes to improve the quality of care delivered.

There was improved management and quality assurance systems in place to support oversight and accountability.

Improvement progress was hindered by recent changes in personnel which was being addressed by the provider.

Staff training on communication, recording and reporting had benefitted the organisation with improved record keeping.

Staff were responsive to people's changing health needs.

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

### Requirements

#### Requirement 1

Requirement 1:

By 20 June 2025, the provider must ensure there are clear communication systems in place that enable changes in people's health and wellbeing to be recorded and shared with people that the service have agreed to notify.

To do this the provider must at a minimum:

- a) Ensure that records are completed following every communication between the service, family and other professionals;
- b) Ensure staff are aware of their responsibility to fully and accurately complete records, which are sufficiently detailed to reflect care provided;
- c) Ensure staff inform family/Power of Attorney of any changes to the health and wellbeing of people experiencing care.

To be completed by: 20 June 2025

**This requirement was made on 7 May 2025.**

#### Action taken on previous requirement

The management team made good progress in developing and implementing a detailed action plan to support staff training and clarify responsibilities related to record keeping.

Staff received high-quality training that effectively supported their understanding of record keeping. The training was reflective and engaging, helping staff appreciate the importance of accurate recording and reporting.

Group supervision records emphasized the importance of detailed, accurate record keeping. However, these records could have been more reflective by including documented discussions and practical examples. We discussed this with management, and they assured us they would review and implement improvements.

The daily care records we reviewed were detailed and documented not only the tasks completed but also the health and wellbeing of the individuals receiving care. This approach allowed staff to monitor people more holistically and take appropriate follow-up actions.

The Management team introduced new “huddle” meetings in the morning and afternoon. These meetings were well-documented and clearly identified which residents required medical professional input. They also enabled management to maintain oversight and track staff actions effectively.

We noted good progress in the use of communication systems within the Home. The quality of recorded information between the service, families, and other professionals had improved.

These improvements supported more timely professional interventions and ensured families stayed informed about the changing needs of their loved ones.

## Met - within timescales

### Requirement 2

Requirement 2:

By 20 June 2025, the provider must promote the health and wellbeing of people who use the service. In particular, the provider must ensure any changes in people’s presentation which requires medical advice or intervention is identified and addressed without delay.

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

- a) Ensure staff have the awareness, skills and knowledge to recognise the signs and symptoms of people experiencing pain or declining health;
- b) Ensure staff escalate any concerns relating to changes in people’s presentation and wellbeing, including seeking medical advice or intervention when required;
- c) Ensure records accurately reflect the person's ongoing health needs; detailing decisions and actions taken by staff to address their needs.

To be completed by: 20 June 2025

**This requirement was made on 7 May 2025.**

### Action taken on previous requirement

Management began rolling out a face-to-face training programme for all care staff focused on recognising signs and symptoms of pain in individuals. This meant that staff had become more aware of changes in people’s presentation that needed to be reported to nursing staff.

Most clinical staff had completed RESTORE2 training, which included the National Early Warning Score (NEWS2) tool. This was used in daily FLASH meeting to identify residents at risk.

We found evidence in people’s care plans, under Professional Visitor records that staff escalated concerns appropriately, leading to a more co-ordinated response to health concerns. Group supervision records showed that staff discussed recognising signs and symptoms of pain. In discussion with the management team, they agreed there would be ongoing opportunities for reflective practice for staff.

When we reviewed daily care records, we saw detailed notes on concerns and changes in people's presentation and wellbeing. However, these records often lacked evidence of staff reporting their concerns to the unit manager or nurse. However, the Professional Visitor records confirmed that nursing staff took action based on observations verbally passed on by care staff. We raised this deficit with the management team, and they agreed to prioritise this issue in upcoming training.

We were satisfied with the progress the management team had made in improving staff awareness of record keeping. We saw the impact of these efforts in the improved documentation within personal plans. Staff demonstrated greater accountability in escalating concerns promptly, and the new auditing processes helped monitor ongoing health needs more effectively.

**Met - within 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

To ensure people experiencing care are adequately supported with their care needs, the provider should ensure care plans reflect current needs and preferences, and that daily care records accurately reflect support provided.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

**This area for improvement was made on 2 May 2025.**

#### Action taken since then

Not evaluated at this follow up inspection.

#### Previous area for improvement 2

To ensure that staff are responsive to the needs of people who experience stress and distress the management team should ensure that those individuals have a stress and distress plan that outlines effective reduction strategies.

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 14 February 2025.**

**Action taken since then**

Not evaluated at this follow up inspection.

**Previous area for improvement 3**

The management team should review instances of bruising and minor skin damage to quickly identify and address any patterns and potential underlying contributing factors.

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' (HCSC 1.24) and '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 14 February 2025.**

**Action taken since then**

Not evaluated at this follow up inspection.

**Previous area for improvement 4**

To ensure that staffing arrangements are right the manager should consider other factors when determining staffing levels. This should include feedback from stakeholders and the impact of activities that do not involve direct care.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My needs are met by the right number of people' (HSCS 3.15).

**This area for improvement was made on 14 February 2025.**

**Action taken since then**

Not evaluated at this follow up inspection.

**Previous area for improvement 5**

To ensure that there is no impact on direct care hours a contingency plan should be in place to address instances where housekeeping staff numbers are reduced.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My needs are met by the right number of people' (HSCS 3.15).

**This area for improvement was made on 14 February 2025.**

**Action taken since then**

Not evaluated at this follow up inspection.

**Previous area for improvement 6**

To ensure that the environment is designed to meets people's needs, any future refurbishment should consider these, including the needs of people living with dementia.

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 5.16).

**This area for improvement was made on 14 February 2025.**

#### Action taken since then

Not evaluated at this follow up inspection.

#### Previous area for improvement 7

To ensure that people have input into future environmental improvement plans, the management team should consult with residents and their relatives/representatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

**This area for improvement was made on 14 February 2025.**

#### Action taken since then

Not evaluated at this follow up inspection.

#### Previous area for improvement 8

To help residents identify what outcomes they wish to achieve with the support of staff, the service should develop, in partnership with residents and carers, outcome focused care plans and care reviews.

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 1 March 2023.**

#### Action taken since then

Not evaluated at this follow up inspection.

## 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.