

Quayside Care Home Service

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Yoker
Glasgow
G13 4DT

Telephone: 01419 514 283

Type of inspection:
Unannounced

Completed on:
20 July 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 174 older people. The provider is HC-One No. 1 Limited. There were 119 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 inspection which took place between 18 - 20 July 2025, between 07:00 and 19:45. 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 24 people using the service and spoke with 13 of their families who were visiting. We also obtained feedback from a pre-inspection questionnaire from 3 families
- spoke with 38 staff and management, along with feedback from a pre-inspection questionnaire from 9 staff
- observed practice and daily life
- reviewed documents and
- obtained feedback from 4 visiting professionals.

Key messages

- People living in Quayside and their families were very happy with the care and support. However, one family had some aspects of care they were concerned about and were working through these with the manager.
- People were respected and listened to because their wishes and preferences were used to shape how they were supported at home.
- People benefitted from up-to-date healthcare assessments, access to community healthcare and treatment from external healthcare professionals.
- Mealtimes were relaxed and people were supported with snacks and drink throughout the day.
- Management demonstrated an understanding about what was working well and what improvements were needed.
- 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.
- A review of staffing arrangements was needed to ensure these consistently supported good outcomes for people and staff wellbeing.

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

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 quality indicator 1.3 as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvements.

People experienced warmth, kindness and compassion in how they were supported and cared for. The service was good at ensuring people maintained relationships with those important to them. Family and friends were made to feel welcome. One relative told us, "Staff remember your name when you visit and make me feel welcome", whilst another felt, "When I visit, staff always say hello and ask how I am".

People living in Quayside and their families were happy with the care and support. However, one family had some aspects of care they were concerned about and were working through these with the manager. One person told us, "I've only been here a while but like it so far" whilst another said, "My relative is well looked after and always clean and tidy".

The atmosphere within each of the units was welcoming and friendly and the strong values and aims of the service were demonstrated and visible at all levels. People knew the staff team well and we witnessed strong and positive relationships, humour, fun and respectful interactions between people living there and the staff across all departments. Time was taken by care staff during personal care to promote their dignity and self esteem.

There were currently two staff in the wellbeing team as the service was recruiting for a third. A weekly activity planner was in place and people told us that there were daily activities. These took place in different units, with residents from all units welcome to go and join in. Wellbeing staff arranged for regular visits from a local nursery, church, therapy dogs and entertainers. People spoke of enjoying the activities; however, some were more able than others to go and join in across the units. We heard that before the third wellbeing staff left, there were also some outings and these were missed. A third coordinator would also allow for more individual activities with people, especially those living with dementia. We asked the service to look at a workaround this meantime to support people going out and about.

People benefited from access to a tasty, varied and well-balanced diet. They could choose from a variety of meals, snacks and drinks. One person said, "Meals are very good, I like the homemade soups", whilst another said, "I can be a fussy eater, but they always make me what I like". The chef manager demonstrated a clear motivation to establish effective systems around meal and snack provision, to support a positive experience for people. They also aimed to provide varied meal choices for people who were unable to manage a normal diet due to choking risks, demonstrating an awareness of dietary needs and safety. However, some staff reported that this did not consistently happen. They also told us that the provision of snacks available in the evening and overnight were inconsistent. On discussion with the management team, we felt assured that this would be reviewed.

People benefited from up-to-date healthcare assessments, access to community healthcare and treatment from external healthcare professionals. One visiting professional told us, "The home works well with any guidance I give". This also gave reassurance to families. Feedback from families included, "Staff have been very good, they keep me up to date with any changes", whilst another felt that, "My relative's health has improved since they came here".

How good is our leadership?**4 - Good**

We evaluated quality indicator 2.2 as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvements.

The provider had a comprehensive quality assurance system which the manager worked through. This included self-evaluation and improvement plans, to ensure standards of good practice were adhered to and to drive change and improvement where necessary.

Recently, the manager had had to prioritise their time to the introduction of the new care planning system, therefore some aspects had fallen slightly behind. However, the new system had commenced this week and plans were in place to bring these aspects back in line.

People felt confident giving feedback and raising concerns because they knew this would be welcomed and responded to in a spirit of partnership.

People could be assured that any formal complaints raised with management would be responded to following their complaints policy, which include receiving a formal outcome letter.

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

How good is our staff team?**4 - Good**

We evaluated quality indicator 3.3 as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvements.

People living in the care home and staff benefited from a warm atmosphere because there were good working relationships.

People living in the care home and their families were positive about the staff group. One person told us, "Staff are really good here, you can have a laugh" whilst another said, "Staff are all very kind to me". Comments from families included, "Staff very nice, doing the job, but nice and respectful with it", "Staff have been very good" and "Staff are kind".

The numbers and skill mix of staff had been determined by a process of continuous assessment featuring a range of measures. However, staff told us that more often than not they do not have their full number of staff on every day, mainly in the mornings. This was usually due to either last minute sickness or planned annual leave across the four units. On these occasions, staff assured us that people still received all their care and support, but not as quickly as when they had the correct numbers of staff on. This would then have a knock on effect for meals and snacks. Some residents gave examples of times when they felt they waited much longer than others for their call bell to be responded to. An area for improvement around staffing had been made at the previous inspection in February 2025; this has not been met.

Staff spoke of very good team working and how well they supported each other. New staff spoke of having been made to feel welcome.

How good is our setting?

4 - Good

We evaluated quality indicator 4.1 as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvements.

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 the units as they wished and choose where to spend their day.

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

The care home had been working through their refurbishment plan with the lounges now open and bright. Refurbishments were continuing across the home following a planned programme.

People's bedroom doors also had a short piece of information about them. This gave a sense of who the person had been before moving into the care home, as well as giving prompts to initiate meaningful conversations.

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 to ensure that they were individual to their taste and home comforts, including photographs and ornaments.

How well is our care and support planned?

4 - Good

We evaluated quality indicator 5.1 as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvements.

The service had been working towards the introduction of an electronic system for care planning, risk assessments and the recoding of the support people received throughout the day. Staff had received training on the new system. This had just gone live a few days ago and staff were keen to roll this out.

Personal plans were in place that included relevant risk assessments. There was good detail within the plans to guide staff around how best to provide care and support for each person.

These were then regularly evaluated.

The service had a supportive and inclusive approach to involve all carers and family members in the planning and delivery of care and support, where this is important to the person living in the care home.

Personal plans should be reviewed with the person and/or their representative no later than every six months. This was inconsistent across the four units, with some falling a bit behind. However, plans were in place to bring these back up to date. Reviews give an opportunity to discuss any aspects of care and support that work well and add anything that people would like to be done differently. People and families we spoke with were clear that they would not have to wait for a review to discuss the care and support as they would feel comfortable to go and speak to staff at anytime.

Supporting legal documentation was in place to ensure people were protected and their rights were upheld.

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 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 21 February 2025.

Action taken since then

We found that stress and distress plans were in place for people; however, the level of detail was inconsistent. Some were detailed around identified triggers for people, what this meant them as an individual and guidance around tried and tested techniques to reduce this. Work was in progress to ensure that all stress and distress plans were at this standard.

This area for improvement is repeated.

Previous area for improvement 2

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' (HSCS 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 21 February 2025.

Action taken since then

We found that systems were in place to monitor this for people and these were discussed at daily morning meetings and also collated and discussed monthly. Contributing factors were considered and families informed and updated.

This area for improvement has been met.

Previous area for improvement 3

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 21 February 2025.

Action taken since then

Please see information under key question 3.

This area for improvement has not been met.

Previous area for improvement 4

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 21 February 2025.

Action taken since then

We found the care home to be clean, tidy and no unpleasant odours. Systems were in place for housekeeping staff to carry out both routine and deep cleaning. There were no concerns about housekeeping staffing arrangements.

This area for improvement has been met.

Previous area for improvement 5

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 21 February 2025.

Action taken since then

The manager was currently working with the provider to look at the best way to achieve this.

This area for improvement has not been met.

Previous area for improvement 6

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 21 February 2025.

Action taken since then

The manager was currently working with the provider to look at the best way to achieve this.

This area for improvement has not been met.

Previous area for improvement 7

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

Please see information under key question 5.

This area for improvement has been met.

Complaints

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

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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