

Collisdene Care Centre Care Home Service

126/128 Glasgow Road
Strathaven
ML10 6NL

Telephone: 01357 521 250

Type of inspection:
Unannounced

Completed on:
24 July 2025

Service provided by:
Canterbury Care Homes Limited

Service provider number:
SP2005007835

Service no:
CS2006137442

About the service

Collisdene Care Centre is registered as a care home to provide support to a maximum of 40 people, 10 of whom will be older, 26 of whom may have learning disabilities and 4 may have physical or sensory impairment. The provider is Canterbury Care Homes Limited. At present an area of the home is not in use reducing the number of bedrooms to 28.

The home is located in the town of Strathaven, South Lanarkshire and is within easy access to local amenities and transport links.

Accommodation is provided over three split areas over two floors. Each area has a communal lounge, kitchen and dining facilities. These are serviced by two passenger lifts and a staircase. There are 21 rooms that have toilet ensuite facilities. Each area has shared showering facilities and there is one shared bathing facility located in the home for people to access.

There are outside garden areas for residents and visitors to use. A car park is available to visitors

At the time of the inspection 26 people were living in the home.

About the inspection

This was an unannounced follow-up inspection which took place on 24 July 2025 between 08:45 and 15:45 hours. 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. To inform our evaluations we:

- spoke with eight people using the service and observed interactions with other people
- spoke with nine staff and management
- observed practice and daily life
- reviewed documentation

Key messages

- Staff were observed to support people in a kind and caring way
- Maintenance and environmental needs had improved
- People had access to both bathing and showering facilities
- One requirement and one area for improvement made at the previous inspection had been met
- Five areas for improvements made at previous inspection had not been met
- As a result of this inspection, we made one further area for improvement

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 good is our setting?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our setting?

3 - Adequate

We made an evaluation of adequate for this key question. Whilst the strengths had a positive impact key areas needed to improve.

We have reported on our findings under the following sections:

"What the service has done to meet any requirements made at or since the last inspection." And
"What the service has done to meet any areas for improvement made at or since the last inspection."

The requirement had been met in relation the environmental and maintenance needs being addressed in the home.

Areas for improvement

1. To ensure people experience high quality facilities, the provider should ensure the environmental plan identifies priorities and follows a SMART approach of being specific, measurable, achievable, realistic and time bound.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state,

"I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment". (HSCS 5.22)

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

Requirements

Requirement 1

By 13 July 2025, the provider must ensure people experience care in an environment that is well maintained. This will enhance the living conditions and improve outcomes for people.

This must include, but not limited to:

- a) Ensure the environment plan identifies priorities and follows a SMART approach of being specific, measurable, achievable, realistic and time bound.
- b) Address maintenance and environmental needs in a timely manner identified in the service action plans.

This is to comply with Regulation 4 (1) (a) (b) (Welfare of service users) and 14 (d) (Facilities in Care Homes) 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 which state,

"I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment". (HSCS 5.22)

This requirement was made on 9 April 2025.

Action taken on previous requirement

The service had an environmental plan in place to guide improvements across the home. However, the format of the plan had not changed since the last inspection and still did not follow a SMART approach. We discussed the benefits of using a SMART format, which helps ensure plans are specific, measurable, achievable, realistic, and time bound. Using this approach would support clearer prioritisation of environmental needs and allow progress to be tracked more effectively. Making the plan visible to residents and staff would also improve transparency and help everyone understand any changes to planned works.

A maintenance folder was in place and appeared to be used effectively by staff. There was clear evidence that staff were reporting maintenance issues as they arose. These issues were being addressed in a timely and appropriate manner, which supports a safe and well-maintained environment.

There had been good progress in addressing several environmental needs throughout the home. A new fire alarm system had been installed, along with a new bath and shower room. Some areas of the home had also received new flooring, improving the overall condition and appearance. Most of the remaining environmental updates were included in the current environmental and service improvement plan. The service should continue to prioritise these needs and ensure that work is completed in a planned and timely way.

This requirement has been met. An area for improvement has been made under KQ4 in relation to the environmental plan.

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

The service should ensure accurate recording and monitoring of people's health needs. For example, food and fluid, weight, blood sugars and bowel management.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 9 April 2025.

Action taken since then

The service was currently introducing a new online personal planning system. The system allows for daily recording and monitoring to support people's wellbeing. There was good progress being made in the use of the system in a short period of time. There were several gaps in daily recording while the transferring of information was taking place. The service acknowledged this and continued to support staff in the implementation of this and ensuring accurate daily recording and monitoring. There was a system in place to have an overview of people's weight. We could see notes of where relevant referrals were noted as required. The service should ensure this system is fully up to date with MUST scores to support required referrals and give accurate oversight. The service should review and discuss gaps or concerns in recording during daily handover and flash meetings. This will ensure any concerns or learning needs are addressed in a timely manner.

This area for improvement has not been met.

Previous area for improvement 2

To support people's health needs, the service should ensure potential triggers for people's stress and distress are well-documented within personal plans and protocols for 'as required' medication.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am confident that people respond promptly, including when I ask for help (HSCS 3.17)' and

"My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 9 April 2025.

Action taken since then

Personal plans sampled during the visit contained helpful information about potential triggers for individuals' stress and distress. These plans also included personalised strategies to support each person during times of emotional difficulty. However, the protocols in place for individuals did not consistently reflect the same level of detail or personalisation. The service had begun taking steps to ensure that all relevant information is included in both personal plans and protocols. This will help ensure staff have clear, consistent guidance to follow when supporting people during times of stress or distress.

This area for improvement has not been met.

Previous area for improvement 3

To achieve comprehensive quality assurance and service improvement, the provider should explore different ways of receiving feedback from staff, people and relatives which contributes to the self-evaluation of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (HSCS 4.8)

This area for improvement was made on 9 April 2025.

Action taken since then

We were advised that a recent meeting with relatives had taken place. However, there was no evidence available to confirm that minutes were recorded or that preferences for giving feedback were discussed. Resident meetings had taken place, and people were given the opportunity to share suggestions about service delivery. There had been no recorded feedback from staff or relatives since the last inspection. The service should engage with residents, relatives, and staff to explore preferred methods for providing feedback. This will help ensure that everyone feels involved in shaping and improving the service. The service should also ensure that any agreed actions from feedback are clearly documented within the self-evaluation and improvement plan.

This area for improvement has not been met.

Previous area for improvement 4

To help ensure that staff receive appropriate support to carry out their role effectively, the provider should ensure that there is regular supervision for staff which is in line with their organisational policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'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 9 April 2025.

Action taken since then

The service's supervision policy states that all staff should receive formal supervision or appraisal at least twice per year. We observed that some new staff were receiving support during their probationary period.

This included meetings to discuss ongoing learning needs and to provide appropriate guidance. However, not all new staff had received formal supervision during their probation period. In addition, there remained some existing staff who had not received any formal supervision so far this year. The service should ensure that all staff, including new and existing team members, receive regular supervision. This will help support staff development, identify training needs, and maintain consistent standards of care.

This area for improvement has not been met.

Previous area for improvement 5

To keep people experiencing care safe, the provider should ensure collaborative working with the Scottish Fire and Rescue Service, to agree actions required for the home and address in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'My environment is secure and safe'. (HSCS 5.19)

This area for improvement was made on 9 April 2025.

Action taken since then

A fire safety visit was carried out by the Scottish Fire and Rescue Service in May 2025. The resulting report identified several areas for improvement in the service's fire safety arrangements. In response, the service developed an action plan to address the issues raised. Some improvements had already been completed, including the installation of a new fire alarm system and the replacement of several fire doors. However, there were still outstanding actions from both the recent and previous reports that had not yet been addressed. The Scottish Fire and Rescue Service had advised that a follow-up visit will take place to review progress and provide further support. There remains ongoing collaboration between the service and the fire authority, and continued action is required to ensure all identified improvements are completed.

This area for improvement has not been met.

Previous area for improvement 6

The provider should ensure people have access to sufficient bathing and showering facilities, and people's choices of bathing and showering are held their personal plans. This will improve outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people'. (HSCS 5.30)

This area for improvement was made on 9 April 2025.

Action taken since then

Since the last inspection, the home has installed a new bathroom that includes both a bath and a shower. People living in the home, as well as staff, spoke positively about having access to this facility. They appreciated the ability to choose between bathing or showering based on personal preference. Some residents were observed to be making regular use of the new bathing facilities. Personal plans sampled during the visit clearly recorded each individual's preference for either bathing or showering. The home now provides one bath and four shared showers for residents to use.

This area for improvement has 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.

Detailed evaluations

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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