

Almond View Care Home Care Home Service

5 Drumchapel Place
Drumchapel
Glasgow
G15 6DN

Telephone: 01419 448 893

Type of inspection:
Unannounced

Completed on:
18 July 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.

At the time of inspection all four units were operational and 75 people were in residence.

About the inspection

This was an unannounced inspection which took place on 17 and 18 July 2025. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with six people using the service and four of their family members.
- Spoke with ten staff and management.
- Observed practice and daily life.
- Reviewed documents including personal plans, quality assurance documents and meeting minutes.
- Spoke with one visiting professional.

Prior to the inspection we distributed questionnaires and received feedback from:

Five people living in the care home, 26 of their relatives, 16 members of staff and four external professionals.

Key messages

- People experienced compassionate care from a stable, committed staff team who knew them well.
- People had access to creative opportunities for social stimulation, fun activities and engagement with the wider community.
- People benefitted from close links with partner health agencies.
- People and their families had opportunities to be included in decisions about the service and support received.
- People benefitted from a pleasant living environment and well-maintained garden areas.
- Plans were in place to introduce an electronic personal planning system to enhance assessment, care planning and recording processes.
- The manager demonstrated a strong commitment to continuous 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 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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

We saw warm and compassionate interactions between staff and people being supported. Engagement was friendly and kind. The choices and preferences of people living in the care home were supported well by staff who were familiar with individuals' needs. One relative told us "care is absolutely great. Just think that every single one of the staff is absolutely fantastic - they have the time for her and they all want to be looking after her. No downside at all".

Familiar staff were able to respond to changes in people's health needs and liaise with external professionals where needed. One external professional commented favourably on the joint working between the staff team and their department. They highlighted a particular strength was the way in which staff supported people with palliative/end of life care very professionally and compassionately. This gave assurance that people were kept comfortable. This also contributed to positive experiences for families .

People should expect to enjoy their meals in a relaxed environment. Mealtimes were calm and unhurried with a pleasant and friendly atmosphere. People were offered appropriate support and encouragement to eat and drink in a discreet and patient manner. The menu was displayed and staff offered visual choices at the point of service. This helped individuals to choose what they would like to eat. People were offered snacks and drinks outwith mealtimes which promoted good food and fluid intake. The introduction of a café service providing snacks and drinks for visiting family and professionals had been particularly well received. The service continually reviewed dining arrangements to ensure the dining experience met people's needs and preferences.

When required, appropriate monitoring of people's food and fluid intake was undertaken. This promoted health and wellbeing through improved nutrition and hydration.

People's health needs were assessed regularly and appropriate referrals made to external health colleagues. Daily flash meetings attended by all departments ensured relevant health information was shared. Any required follow up actions were allocated. Routine attendance of external professionals including podiatrist, optician, GP's, Speech and language therapist and the community nursing team was evident and ensured specific health needs could be addressed. The management team reviewed all clinical risk indicators including wound management, falls, weight management and nutrition targets. Effective clinical oversight helped keep people as well as they could.

A previous area for improvement around the management of falls has been repeated to ensure that risk assessments and personal plans are reviewed following a fall. (See area for improvement 1)

Medication was managed effectively to support people to take the right medication at the right time. There had been enhanced training available to staff on aspects of best practice in administering medication. This included guidance on the administration of "as required" medication to ensure staff followed recognised medication protocols to respond to individual's needs. This helped to keep people well. The manager planned to review the recording of "as required" medication administration to ensure positive outcomes for people were recorded appropriately. We have repeated part of a previous area for improvement to reflect this improvement needed. (See area for improvement 2)

Dedicated activity workers and a committed staff team worked hard to help people get the most out of life. People had opportunities to take part in a range of meaningful activities such as musical events, "Care for a Ceilidh," and weekly choir rehearsals. Other group activities included Therapet visits, arts and crafts, cheese and wine tasting, "Fit Baw "and Donn Neo exercise sessions and events with sister care homes operated by the provider.. Links with the local community helped keep people connected. It was clear people enjoyed these activities.

Families visited the service routinely and regular social media updates and a monthly newsletter kept them informed of life in the home. People using the service, and their loved ones, were involved in shaping the ongoing development of the service through attendance at monthly forums, meetings and completing surveys to share their views.

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.

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).

2. To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving as required medicines, medication administration records charts should include the outcome and whether the medication was effective.

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).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

We received positive comments from individuals regarding the management team. The service had recently recruited a depute manager and staff and people using the service confirmed management were accessible and visible. In particular the manager received recognition from families, staff and people residing in the service for their commitment and tenacity in making positive improvements to people's experiences and the environment in which they lived. This promoted improved outcomes for people and helped to make them feel valued.

A quality assurance system supported a culture of continuous improvement. A range of audits helped managers assess the quality of the service and compliance with expected standards. This took account of key areas of service provision such as the environment, medication management, personal planning, falls, accidents and incidents. Staff in various roles were involved in the audit and oversight process. This meant that there was a whole team commitment to driving improvement.

This helped the management and wider quality team to monitor people's changing health needs, identify patterns or themes and take appropriate action quickly. Where issues were identified, most were addressed with comprehensive action plans being assigned to relevant staff across the service. However, action plans would benefit from being consistently followed up to ensure areas actioned were evaluated. This would give assurance of positive outcomes achieved. The manager planned to review this to strengthen existing quality assurance.

Quality assurance Information was collated manually. The provider planned to introduce an electronic personal planning system to facilitate a more efficient approach to management oversight. The manager had committed to auditing all personal plans to ensure information uploaded to the planned electronic system was accurate and reflective of current needs and preferences of people. An area for improvement has been made to support this work. (See area for improvement 1)

Quality audits and feedback from those living and working in the service was used to inform an overall service improvement plan. The management team and key people had begun work to complete a self-evaluation of the service against the quality framework for care homes for older people. This will support their ongoing improvement agenda.

Areas for improvement

1. The manager should ensure that all personal plans, health and risk assessments are audited, up to date and accurate. This will ensure any electronic support planning being implemented reflects current needs and preferences of people using the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and '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)

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

To inform staffing levels the service used a recognised tool which took account of the current needs of people living within the service. This meant people could be confident staffing levels were appropriate to meet their needs. The service had a stable staff team. The manager was actively recruiting to address staff vacancies and strived to use the same bank or agency staff to promote continuity of care in the meantime.

Staff were respectful and responsive when assisting people. We received positive comments about the attentiveness, kindness and compassion shown by the staff team. Comments included "the staff here are class", "there has been some changes in staff, has resulted in more professionalism" and "staff are always on hand to meet my needs and requests". Family members were assured by the staff's commitment and compassion. One commented "I have never known any home like this - never seen a bunch like that in a care home - great, every one of them. Management amazing".

Staff attended team meetings and one to one supervision sessions with their line manager. This gave an opportunity to express their views on what was working well and where developments were needed. The provider was developing the format of one-to-one sessions to ensure staff's wellbeing and development was prioritised and recorded.

The manager agreed to include observations of staff practice and reflective practice discussions. This will help provide assurance that staff worked to the expected standards and ensure they felt well supported. A previous area for improvement has been repeated to reflect this area for further development. (See area for improvement 1)

Having appropriately trained and skilled staff is important for keeping people safe and well. The service used a blended approach which consisted of online and face-to-face training. The manager had effective oversight of staff training.

Staff attended training regularly and records indicated very good compliance with core e-learning training. A recent reflective practice session with an external provider was very well received by staff who attended. The manager planned to use this approach to support further reflective discussions. This promotes a learning culture which benefits people who use the service.

Areas for improvement

1. To ensure people continue to be included, the manager should combine the processes of monitoring the practice of staff and supervision. This would enable some supervision to be based on observations of competency and afford people using the service the opportunity to give their opinion about the support they receive from staff. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "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).

How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

The home was welcoming, clean and tidy with a relaxed atmosphere. The manager had reviewed security measures and doors were installed to separate the units. However, a keycard system allowed residents to freely move around the home. People had their own bedrooms which were nicely personalised, in partnership with individuals. This promoted privacy and helped make people feel at home. People had the equipment needed to promote mobility and maintain their health and wellbeing.

Since the last inspection, the provider had refurbished hallways, shared bathrooms and lounges and developed a café area for use of residents, families and visiting professionals. An environmental action plan identified further work was planned to enhance the remainder of the environment. This included new floor coverings, decoration and new soft furnishings. This promoted peoples comfort and dignity and helped ensure the care home was a pleasant place to live.

People benefited from a large well maintained garden area with a choice of areas to spend their time. This offered an inviting space for individuals. The service was supported by maintenance personnel. Records showed that regular checks of equipment were being carried out as expected. Daily management walk rounds helped identify repairs which were quickly rectified. This helped to keep people safe.

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

Personal plans help to direct staff about people's support needs and their choices and wishes. Overall, personal plans were person-led and involved those living in the care home. Individuals were supported by a range of health assessments. These had largely been completed well. However, information was retained in several folders/locations. Some records did not consistently correspond or reflect peoples current assessed needs and preferences. We shared some examples where the information could have been more detailed or where plans would benefit from enhanced oversight.

The manager committed to review quality assurance processes. This would ensure improved accuracy of completed assessments/personal plans pending the imminent introduction of an electronic personal planning system. This system would support staff to access relevant information; record care delivered and evaluate people's experiences and wellbeing. This would mean individuals could be assured that they were being supported by a staff team that were fully aware of their needs. In the meantime, robust handover processes and a daily flash meeting ensured staff were knowledgeable about people's health and wellbeing needs.

It is important for services to keep clear and accurate records of care delivered and how this impacted on individuals. Monthly reviews of people's personal plans were completed, however, the quality of the content of these varied. Ongoing support, training and the introduction of electronic personal planning would support development this area and help ensure consistency of practice.

People living in the service and those closest to them had the opportunity to be involved in the planning of their care and support by participating in formal reviews of their care arrangements. An overview of six-monthly reviews that had taken place and those planned supported this.

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 manager should ensure that activities are organised and evaluated to show they improve physical and mental wellbeing for people. This would enshrine the right of people to take part in activities that are of interest and meaningful to them. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

This area for improvement was made on 18 January 2023.

Action taken since then

The service had recruited two dedicated activity coordinators. People living in the home were able to access a wide range of meaningful and fun activities which had been arranged based on preferences. Staff evaluated participation and enjoyment and this helped develop future activity programmes to support people's physical and mental wellbeing.

This area for improvement has been met.

Previous area for improvement 2

To ensure people continue to be included, the manager should combine the processes of monitoring the practice of staff and supervision. This would enable some supervision to be based on observations of competency and afford people using the service the opportunity to give their opinion about the support they receive from staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "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 18 January 2023.

Action taken since then

The provider was developing the format of supervision to ensure the process was meaningful, took account of staff wellbeing and included opportunities for reflective practice and supportive observations of staff practice.

This area for improvement has not been met, will be repeated and followed up at the next inspection.

Previous area for improvement 3

To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving as required medicines, medication administration records charts should include:

- a. the reasons for giving when required medication
- b. how much has been given including if a variable dose has been prescribed
- c. the time of administration for time sensitive medication
- d. the outcome and whether the medication was effective.

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).

This area for improvement was made on 18 January 2023.

Action taken since then

The manager had provided updated guidance and training for staff on medication support and administration. This included "as required" medication to ensure staff followed best practice. The manager planned to review this practice to ensure effective recording evidenced whether interventions resulted in good outcomes for people.

This area for improvement has been met but a further area for improvement has been made within key question 1 to reflect ongoing work.

Previous area for improvement 4

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.

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).

This area for improvement was made on 7 May 2025.

Action taken since then

The manager had delivered group supervision with staff to develop this practice area. However, this needed further development to ensure all staff adhere to best practice policy and procedure.

This area for improvement has been repeated.

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 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

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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.