

## Abbey Court Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
1 August 2025

**Service provided by:**  
Lochwood Care Ltd

**Service provider number:**  
SP2025000078

**Service no:**  
CS2025000331

## About the service

Abbey Court Care Home is registered to provide a care service to a maximum of 50 older people.

The service is owned and managed by Lochwood Care Ltd. Abbey Court Care Home is situated in the Easterhouse area of Glasgow, close to public transport links and other community resources. There is a car park at the front and rear of the property and enclosed gardens.

The service is provided over two floors with lift and stair access to the upper floor. Each floor has 25 bedrooms with en-suite plus bathing facilities and shared lounges and dining rooms, toilets and bathrooms.

The service was registered with the Care Inspectorate on 17 July 2025.

There were 49 people living in the home during this inspection.

## About the inspection

This was an unannounced inspection which took place between 30 July 2025 and 1 August 2025 between the hours of 0700 and 1700. 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.

In making our evaluations of the service we:

- spoke with eight people using the service and six of their family members
- spoke with 13 staff and management
- spoke with two visiting professionals
- observed practice and daily life
- reviewed documents.

## Key messages

- The staff team were committed and knew people well.
- Additional meaningful activities had been introduced however, more community based activity was needed.
- More time was needed to embed new quality assurance processes.
- The provider was progressing through an environmental improvement plan.
- Personal planning and record keeping required to improve.

## 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?	4 - Good
How good is our setting?	4 - Good
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 this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

We saw warm and compassionate interactions between staff and people being supported. Engagement between staff and the people they supported 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 person told us, 'staff are kind and friendly'.

People's health and wellbeing should benefit from their care and support. Staff liaised with external professionals when they were concerned about an individual's health and wellbeing. One relative told us, 'staff will update us with any changes to health' whilst an external professional commented, 'the information shared with me is of a good standard'. This helped to keep people well.

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 to eat and drink. When offering assistance, staff supported people to enjoy their meal in a discreet and patient manner. We asked the service to review the processes in place to share the menu ahead of mealtimes. This would support individuals to consider what they would like to eat. People were offered snacks and drinks out with meal times which promoted good food and fluid intake. There were plans in place to enhance the quality assurance around mealtimes. This would allow the management team to monitor people's experiences.

When nutritional intake needs to be monitored, it is important that services keep clear and accurate records. A new system had been introduced to improve recording. This allowed staff to record what individuals were consuming and if changes to planned care were required. However, staff were completing these records for all individuals living in the care home. This had impacted on the quality of recordings. We shared how these records should be implemented for individuals who require them the most. Additional oversight is needed to ensure monitoring records are appropriately completed and inform changes to planned care when required (see requirement 1).

There was an effective system in place to ensure people received their prescribed medication. Guidance was available for staff on the administration of 'as required' medication. Consistent recording of the outcome of 'as required' medication would allow better evaluation of its effectiveness for people. The supplying pharmacy had recently completed an external audit of medication practices. Overall, this audit had been positive and a clear action plan identified actions required.

It is important that individuals have access to a range of meaningful activities based on their preferences. A revised activity schedule had recently been introduced, this helped to keep individuals up to date with planned events/activities. The activities included external groups or entertainers attending the care home, intergenerational opportunities, quizzes, music and arts based activities. People enjoyed these and attendance helped keep people connected. It is important that individuals feel part of their local community. We asked the service to review opportunities available for individuals to maintain this involvement. The management team gave a commitment to develop in this area.

## Requirements

1. By 1 November 2025, people must be supported to experience care and support that is safe and right for them. To do this the provider must ensure that

a) records used to evaluate people's health and wellbeing are accurately completed. This should include but is not limited to oral intake records. This information must be used to evaluate the effectiveness of interventions at regular intervals throughout the day and direct staff on how to support people.

This is to comply with Regulation 4(1)(a) and Regulation 5(b) (i)(ii) and (iii) of The Social Care and Social Work Improvement Scotland( Requirements for Care Services) Regulations 2011.

This is to ensure that people's health benefits from their care and support and takes account of the Health and Social Care Standards(HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment'(HSCS 1.14) 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 leadership?

### 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

There had been a recent change to the management team. A new operations manager post had been introduced. This had strengthened the management structure. Overall, we received positive comments about the impact of this. One person told us, 'I feel that I would be able to approach the management team with any concerns or comments'.

People should benefit from a culture of continuous improvement. The management team had reviewed and introduced new quality assurance processes. This took account of key areas such as the environment, medication management, accidents and incidents, health assessment and people's experiences. This system was at an early stage of implementation. More time was needed to be embed this approach to ensure that it resulted in positive changes. A new electronic system was used to monitor the completion of quality audits. This offered improved oversight and allowed the management team to delegate tasks to the staff team.

A new overview of accident and incidents was in place. A lesson learned approach helped ensure learning was taken from unplanned incidents. Staff debriefing following adverse events demonstrated that staff had the opportunity to reflect on unplanned events.

There was an appropriate complaint policy and procedure in place. This system evidenced what actions had been taken in response to complaints or concerns. This included follow up action required.

A service improvement plan was in place. A recent whole home audit and feedback from individuals had informed this. This gave the management team an overview of achievements and areas for development whilst the system was embedded.

## 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.

Staffing arrangements were determined by assessment of people's care needs. One person told us, 'the staff are good, they try and balance support with independence'. We received mixed feedback on the staffing levels in the care home overnight. We found that there was sufficient staff on shift. The service provider planned to review the dependency tool in place and complete observations overnight. This would ensure that the process of calculating staffing levels is based on needs.

People should have confidence that the people who support them are trained, competent and skilled. E-learning covered a wide range of mandatory training. The staff team engaged with the training offered by the provider and Health and Social Care Partnership colleagues. Training was relevant and helped staff meet the needs of people they support. The management team were compiling a new overview of completed training. This would give assurance that training was up to date.

Staff told us they were well supported by the management team. It is important that staff have regular opportunities with managers to identify any practice, training and support needs promptly. Team meetings had been reintroduced, with a schedule in place to allow staff to plan for the year ahead. This gave staff the opportunity to discuss the service and express their views. The staff supervision process had been reviewed with supervisors being identified to work alongside staff. This provided staff with consistency.

People could be confident that overall, new staff had been recruited safely and the recruitment process reflected the principles of 'Safer Recruitment, Through Better Recruitment'.

## 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.

People can expect to live in high quality facilities. There had been recent upgrades to the environment following the addition of new bedrooms. This included redecoration of communal spaces with the addition of new carpets and furniture. Internal audits had identified items of furniture to be replaced. Delivery of this was awaited. This would improve the presentation of the environment further for individuals. We asked the service to review how the environment could be more 'dementia friendly'. We suggested the use of environmental tools such as The King's Fund tool to help make improvements (see area for improvement 1).

Bedrooms were comfortable and nicely personalised which helped to give people a sense of belonging. People had their own room and en-suite which promoted privacy. Some bedrooms provided a mini kitchen or additional seating area. This promoted choice and independence for individuals. There was a range of appropriate equipment to meet people's needs.

Maintenance records confirmed equipment checks and servicing had been carried out to ensure people were not exposed to harm and were kept safe. There was a call alert system that allowed people to summon assistance when required.

### Areas for improvement

1. In order that the environment is used to its full potential and developed to meet people's needs, the manager should:

- a) consult with residents and relatives about how they want to develop their home.
- b) complete The King's Fund environmental tool.

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 well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

Individuals were supported by a range of health assessments. Overall, these had been completed well and in detail. However, these were not always used to inform the personal plan (see requirement one). Management had identified that additional training was required for the new personal planning system and were in process of organising this. This would enhance staff understanding and confidence in using new system.

Personal plans help to direct staff about people's support needs and their choices and wishes. The service was transitioning to a new electronic personal planning system. This meant care plans being split between two platforms. Risk assessments and daily records were managed in the new system, whilst personal plans remained on the previous platform. This created a risk that critical information may be overlooked or not updated. We were reassured that 'one page profiles' and 'care overviews' were in place. These captured key information for individuals however, this was not a sustainable approach. Maintaining an accurate, up-to-date personal plan is essential to ensure staff deliver care and support effectively and in line with individual needs (see requirement one).

It is important for services to keep clear and accurate records on care delivery and what these mean for individuals. We found inconsistent documentation in relation to people's experiences. Some records were generic and staff relied on the pre-set options when documenting care, others documented well. We suggested that staff who completed the activity well worked with other staff members to share their practice. Improved recording will help demonstrate where people benefit from their care interventions and support meaningful evaluation of people's care arrangements.

There was a six-monthly review schedule in place. This is important to give those living in the care home and those closest to them the opportunity to be involved in their care and support.

## Requirements

1. By 1 November 2025, the provider must ensure service users' health, safety and social care needs are appropriately assessed, documented and effectively communicated between all relevant staff and met. This must include, but is not limited to ensuring that:

a) staff complete and record an accurate assessment of individuals' health, physical and mental health needs. This must include, but is not limited to - risk of falls, nutritional needs, continence/skin care needs, communication and preferences of medication

b) personal plans are implemented, and care is delivered in accordance with the assessed needs of each individual service user

c) improved monitoring and review systems are implemented to evaluate the effectiveness of care interventions and the outcomes used to direct staff on how to support people.

This is to comply with Regulations 4(1)(a) (Welfare of Users) and 5 (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) and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## 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).



## 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?	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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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