

# Hillside View Nursing Home Care Home Service

8 Nethercraigs Road  
Paisley  
PA2 8UE

Telephone: 01418 848 555

**Type of inspection:**  
Unannounced

**Completed on:**  
17 July 2025

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300713

## About the service

Hillside View Nursing Home is a care home service for up to 57 adults. The provider is HC-One Ltd.

Hillside View is situated below the Gleniffer Braes, in a residential area on the outskirts of Paisley. The home is modern and purpose-built. All rooms are for single occupancy and have ensuite facilities. Bath and shower facilities are shared.

The home has two floors, with a separate unit operating on each floor. Each floor has communal spaces for dining, activities and quiet time. The service also benefits from an accessible enclosed garden.

The Glenfinnan community on the upper level supports people aged 65 and over, who are living with dementia. The Caledonian community on the lower floor supports people over 45 with alcohol related brain damage or alcohol related dementia/Korsakoff's disease. This also includes a short stay service.

## About the inspection

This was an unannounced inspection which took place on 14 July 2025 between the hours of 13.30 and 21:30, and 15 & 16 July 2025 between the hours of 09:30 and 18:30. 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:

- Spoke with 14 people using the service and six of their family
- Spoke with 20 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with six visiting professionals.

We also took account of completed Care Inspectorate surveys from ten relatives, 23 people using the service, 18 staff and six visiting professionals.

## Key messages

Oversight of clinical needs had improved, meaning that changes in people's health and wellbeing were followed up when required.

Medication management had improved but ongoing monitoring of staff practice is required to ensure new processes are embedded.

Staff knew people well and worked well together to provide compassionate care.

Some people experienced increased stress or distress during busy periods which was not well managed.

People had access to a range of nutritious food which was suitable for their needs.

Staff had regular supervision to help them to develop their practice.

Staff were not always deployed effectively, particularly during shift handover times.

The environment had been improved and was clean, bright and comfortable.

Personal plans did not always fully reflect people's needs, outcomes, and risks.

## 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?	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?	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. While some strengths had a positive impact on people's experiences, key areas still require improvement, to ensure consistently good outcomes.

People should expect that their care and support is based on current good practice standards and guidance, with robust systems in place to monitor their health and wellbeing needs. The provider had undertaken a review of processes for assessing and recording health needs. Personal plans had been updated, including clinical assessments. Clear information was recorded about people's health needs and this was regularly updated. The provider had sought input from the Health and Social Care Partnership (HSCP) to improve practice, and a clinical lead had joined the staff team to support improvements in clinical practice. This additional clinical oversight meant that people's health needs were more clearly recorded in line with best practice guidance.

Medication processes and oversight had improved. This included more scrutiny of medication errors, improved systems for ordering and 'checking in' medication and increased medication audits and 'spot checks', to ensure staff were managing medication safely. The provider had identified staff to take leadership of key parts of the process, to increase accountability and share knowledge and learning. A daily medication count was taking place to help identify missed medication or medication errors. This daily check had not been completed by all staff. We asked the provider to ensure continued monitoring of new processes, to ensure all staff are following the required standards to keep people safe. Staff told us they felt clearer about their responsibilities and had clear guidance about when and how to escalate concerns to more senior staff, to ensure changing needs were identified.

The service had introduced a new clinical tool for identifying deterioration in people's physical health. This was at an early stage of implementation, and we found that not all staff were using this as intended. This meant there was a risk the tool would not provide the expected benefit for people. (See Area for improvement 1).

The provider had improved systems for sharing information to ensure people's health needs were identified and followed up timeously. Paperwork and guidance for daily handover meetings had been improved to enable staff to record accurate information about people's health and wellbeing and share this appropriately between shifts. Twice daily 'flash' meetings were taking place, led by the manager or senior staff. These meetings included key staff from all departments discussing actions to be completed to meet people's safety and wellbeing needs. This enabled leaders to have an oversight of issues arising so they could direct staff and ensure appropriate actions were taken. This included, making referrals to external health professionals where necessary. This meant that there was improved oversight of changing needs and improved accountability and clarity about responsibilities. Feedback from external professionals was positive and noted improved adherence to established referral processes, improved accessibility of key staff and improved continuity of staff. This helped to ensure treatment plans were followed as directed.

People should expect to be cared for by staff who understand their needs and can recognise changes and take appropriate action. We saw that staff knew people well and interacted with them with kindness and compassion. People told us that they could see improvements in the service and felt staff were doing a good job. While we saw an improvement in how staff recognise and record clinical needs, we also observed some instances of people experiencing distressed behaviours which were not well managed. This was particularly evident during shift changeover times, when some areas of the home became busy and noisy.

This had an impact on stimulation levels for some residents. Staff had documented instances of stress and distress but had not identified a link between environmental factors and people's stress or distress. (See area for improvement 2).

People had access to an abundance of food, snacks and drinks throughout the day. Appropriate assessments were in place in relation to weight loss, nutritional needs, choking risk and modified diets. Staff were aware of people's nutritional needs and there was appropriate sharing of information with the kitchen, to ensure people's food was right for them. There were plenty of staff to support people at mealtimes and the service was supporting more people to eat in the dining room each day. This had a positive effect on people's nutritional intake as well as their access to enjoyable group experiences.

Mealtimes were well organised and managed in the Caledonia Community where people required less supervision and support to eat well. The dining room in the Glenfinnan Community was very busy and noisy during the evening meal on the first day of inspection. This led to some people becoming unsettled and distressed. This issue had been identified by the manager through mealtime audits and the provider had already ordered furniture to create a new 'bistro area' in the home. This will enable people to have a choice about where they enjoy their meals. We asked the provider to ensure staff deployment is monitored, to ensure people have the right support at mealtimes when the new area is developed. (see key question 3).

### Areas for improvement

1. To support people's safety and wellbeing, the provider should ensure that the clinical assessment tool used to identify deterioration in people's health (RESTORE 2) is used consistently and in line with best practice. Staff responsible for using clinical tools should receive appropriate training, and there should be effective oversight through audit processes to ensure they are applied correctly.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To support people's wellbeing and ensure safe responses to stress and distress, the provider should assess and analyse how stress and distress events are managed. Leaders should use this information to identify patterns and implement solutions that meet people's individual needs.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

### How good is our leadership?

**4 - Good**

We evaluated this key question as good. Several important strengths positively impacted people's experiences and outcomes, clearly outweighing areas for improvement.

Systems for understanding and monitoring people's experiences were used well by leaders to drive improvement. Key information was shared at daily meetings and recording had improved to ensure priority actions were clearly identified and followed up. Oversight from leaders helped to ensure actions had been completed. This meant that there was increased accountability for ensuring people's changing needs were addressed. A range of audits were being completed and analysed to identify trends and take action where necessary. Audits of people's nutritional intake, weight, skin integrity, mobility and falls were in place.

Senior leaders were supporting the new management team to ensure the right actions were taken when improvements were required. Work was underway to include more staff in the audit processes. Meeting minutes reflected that leaders were sharing the purpose and outcome of audits with the staff team. This helped the staff team to understand their role in improving people's care and support.

The provider was in the process of introducing a new electronic care planning system. There had been careful planning around this and there is a support team in place to reduce the impact of changes on people and staff. An electronic system can provide improved access to key information about people's needs and can help services to monitor changes more effectively. This is a significant change for staff who have previously been working with a paper-based system. We encouraged the provider to ensure sufficient support and training is provided, so that staff feel confident using the new system and understand how and when to highlight any concerns.

People should expect that leaders have a good understanding of where the service is performing well and where improvements are required. The manager had completed a self-evaluation of the service using the Care Inspectorate's quality framework. This had been done using feedback from people using the service, families, staff and data from audits and leaders' observations. This had enabled the manager to understand the current improvement needs of the service. A project plan had been developed with input from senior leaders. This addressed outstanding improvements and requirements from the previous inspection. We encouraged the manager and provider to continue to drive improvement and change in the service by developing a dynamic improvement plan with ongoing input from key stakeholders. This will enable the leadership team to maintain an oversight of the performance of the service and drive ongoing improvement.

Staff should have access to support and guidance to develop their practice and should have opportunities to participate in service improvement. Observations of staff practice were taking place and staff were being supported to learn and develop through 'growth conversations' and supervision. We had positive feedback from staff about this process, including that staff felt they had a clearer understanding of what was not working well previously and how they could contribute to improvements. Some staff had started 'champion' roles, with increased responsibility for key aspects of the service, including medication management, infection prevention and control, skin care and continence care. This is a positive way to promote accountability and develop staff knowledge and skills. This can also support the leadership team to identify and address concerns that staff may identify outside of leadership audits.

People should expect to be kept up to date about changes and improvements in the service and have opportunities to be involved. A new newsletter format had been produced to support sharing of information. This was developed based on feedback from people using the service and their relatives. The format is accessible and informative and helps people to find out about what has been happening in the service and what improvements are planned. The leadership team told us they are keen to hear feedback from people and involve families in identifying improvements. Families told us that staff and leaders were visible and accessible, and they felt confident to give feedback if necessary.

## How good is our staff team?

**4 - Good**

We evaluated this key question as good. Several important strengths positively impacted people's experiences and outcomes, clearly outweighing areas for improvement.

The service used a tool to calculate people's dependency level based on their individual needs. This was used to ensure staffing arrangements were right for people. Staffing numbers reflected the needs of people using the service. This included having a good skills mix on all shifts. Ongoing assessment of people's needs

contributed to decisions about staffing, and this was recorded in people's personal plans. Nursing hours were included in staffing assessments which meant that the time needed to complete key clinical tasks may not have been fully accounted for. We asked the provider to continue to monitor this to ensure the skills mix is maintained, to ensure safe practice and good quality clinical care.

Deployment of staff was arranged by the person in charge of each shift and there was a clear system for this. Staff understood their roles and were assigned to particular rooms on each shift. This meant that staff had responsibility for all aspects of care for a group of people living in the home each day. Senior staff were responsible for monitoring staff practice and adapting deployment as necessary throughout each shift. Nurses or senior staff were responsible for medication and managing clinical assessments. As noted previously, improved processes at handover and daily meetings enabled leaders to have an oversight of people's needs and key priorities during each shift.

People should expect that staff will work well together to ensure their needs and outcomes are met. We saw staff working together and sharing responsibility for tasks throughout each shift. Staff knew people well and were mostly available to support people when required. Improvements to personal planning meant that staff had access to better quality, accurate information about people. Staff were responsible for completing daily notes and records, and those we spoke with understood the importance of doing so accurately. We heard from some staff that completing paperwork could be time consuming. We observed staff completing paperwork at the end of the day which meant that a group of staff were not available to provide direct care to people at this time. Some people were experiencing increased stress at this time. It is important to ensure there are sufficient staff available to support people. Deployment should take account of how and when staff will complete administrative tasks and the impact this will have on staff availability. (See Area for Improvement 1).

Changes had been made to the wellbeing team to provide more support and development of meaningful activity for people. We met with staff from the wellbeing team and had feedback from people using the service, visitors and external professionals about how the team had enhanced people's experiences. We saw that there was an increased level of activity and that all staff were getting involved in this. Wellbeing staff are responsible for co-ordinating and leading meaningful activity, but it is essential that all staff recognise their contribution to ensuring people have regular enjoyable experiences and interactions that are meaningful to them. During our observations, we saw staff interacting with people in ways that reflected their needs and preferences. Senior staff modelled good practice and were seen to encourage less experienced staff to get involved and spend time with people, beyond providing for basic care needs. People were clearly enjoying activities and staff appeared to be more confident about their role in supporting this.

It is important that staff have time allocated for training and professional development. Staff had time for wellbeing and training included in their rota and leaders were supportive of staff undertaking additional training and development. We heard from some staff that, when people are completing training, this can create pressure for the remaining staff team. We asked the provider to ensure that staff training does not impact on staffing levels as this can negatively impact people's experiences.

## Areas for improvement

1. To ensure people's needs are managed consistently, the provider should ensure staff are deployed effectively. Sufficient skilled staff should always be available to support people. Staff deployment should take account of how and when administrative tasks will be completed to ensure people have sufficient supervision and support.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: 'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity.' (HSCS 4.17).

## How good is our setting?

## 4 - Good

We evaluated this key question as good. Several important strengths positively impacted people's experiences and outcomes, clearly outweighing areas for improvement.

People should expect to live in an environment that has been designed or adapted for high quality care and support. The setting of the service is purpose built for people with a range of support needs. Wide corridors and a range of private, large group, and small group areas were available, to enable people to move around freely and enjoy a range of comfortable spaces. Refurbishment work had been undertaken since the last inspection with the environment looking brighter and fresher. We had lots of positive feedback from people and families about this. Carpets in communal areas had been replaced, and dining rooms, lounges and communal toilets and showers had been painted and upgraded with new furniture and flooring.

There are a range of different lounges in the care home. We saw these being used at different times during the inspection, but further consideration should be given to how these spaces could be used to manage instances of stress or distress at busy times of the day. We discussed this with leaders during the inspection and were assured that the team were open to taking a creative approach to use of space (see Area for Improvement under Key Question 3).

Some people's rooms needed an upgrade. We asked the provider to ensure people are encouraged to provide feedback about their personal environment during their review meetings. Upgrade plans should be shared with people and their representatives and added to the environmental improvement plan for the service to ensure these are progressed.

Maintenance processes were clear and well managed. The maintenance officer had been in post for several months and had support from the provider, to ensure maintenance tasks were completed effectively. All equipment was regularly maintained and records we sampled were up to date. Fire safety processes were in place and completed in line with best practice guidance. This meant we could be assured that the provider had good processes in place to ensure the service was safe and well maintained.

The service was clean and fresh with sufficient housekeeping staff to maintain cleanliness. Daily cleaning, laundry, and deep cleaning was taking place and domestic staff were following cleaning schedules, which aligned with guidance from the National Infection Prevention and Control Manual for Care Homes (NIPCM). The staff we spoke to understood their responsibility to reduce the risk of spread of infection, including appropriate use of personal protective equipment (PPE).

Laundry processes were safe and generally well organised. We had some feedback from people about lost or misplaced clothing. This can be frustrating for families who purchase clothing for their loved ones. We asked the provider to seek input from families about this issue and explore how laundry processes could be improved to address this issue.

Staff should expect to have access to break or rest spaces that are fresh, tidy and well-maintained. Some staff areas in the service were very tired and in need of upgrade. This included worn carpets and furniture, and walls which needed fresh paint. Improving these spaces can have a positive impact on staff wellbeing. (See area for improvement 1).



## Areas for improvement

1. To promote wellbeing for people and staff, the provider should ensure all communal and staff areas are clean, fresh, and well maintained.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

### How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. While some strengths had a positive impact on people's experiences, key areas still require improvement to ensure consistently good outcomes.

Processes for reviewing and updating personal plans had been strengthened to support better outcomes for people. A more person-centred approach to personal planning was evident with personal plans reflecting people's needs and preferences. Personal plans had been audited by senior staff, and identified actions had been followed through from many of the audits. Further work was still required to ensure all staff responsible for completing personal plans were doing so in a consistent way. This is to ensure staff understand how people's experiences can be improved through effective personal planning.

The service had worked with the local Health and Social Care Partnership (HSCP) to improve future care planning for people. Future care plans are important to ensure people and their representatives can share their views about the care they would want in the event of a deterioration in their health. People's future care plans had been shared with their GP, with their consent, to ensure their wishes were known by key health professionals. People also had a more detailed care plan about how their care preferences should be met. We saw some nicely written, personalised examples of future care plans and some that required further development to ensure people's views were clear.

Wellbeing plans were in place for most people but many lacked person-centred detail about how people liked to spend their time in ways that were meaningful to them. The manager had identified this through the service's self-assessment. Work was underway to support the wellbeing team to review and update these care plans.

People should expect to have their care needs reviewed regularly, to ensure their needs and preferences are understood. People were having regular care reviews and family and professionals had been included, where appropriate. In some instances, review notes were detailed and reflective of the discussions that took place, outlining clearly what was working well for people and what changes were required. In other instances, review notes did not clearly outline changes. It is essential that reviews are completed meaningfully, to ensure the service can meet people's needs and preferences safely. This had been identified by the manager as an ongoing area for development. We asked the manager to ensure that staff completing reviews take time to plan so that the right information is shared and updated.

Where people's needs are changing, it is important that staff can identify this and assess and manage risk appropriately. The service had an enabling approach to positive risk taking which is beneficial in promoting people's self-efficacy and independence. Not all personal plans and associated risk assessments clearly reflected people's needs. Some significant changes had not been fully assessed by the service.

The manager took action immediately to resolve this and made appropriate referrals to key professionals to support assessment. It is essential that all staff and leaders are vigilant to changes in people's presentation, which may result in increased risk to their wellbeing (See Area for improvement 1).

## Areas for improvement

1. To keep people safe, the provider should ensure appropriate assessments are carried out when there are significant changes in their health or wellbeing. Personal plans should clearly show when assessments were completed, how risks will be managed, and who was involved.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

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

### Requirements

#### Requirement 1

By 3 February 2025, the provider must ensure that people have sufficient access to meaningful activity. Activities should be effectively planned and evaluated to ensure they are linked to people's aspirations and outcomes.

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

- a) Sufficient wellbeing staff are available in the service to plan and lead meaningful activities for people;
- b) Wellbeing staff undertake appropriate training to enable them to fulfil their role effectively;
- c) Care staff are trained to understand their role in facilitating meaningful activity for people;
- d) Wellbeing plans are in place for all people using the service that clearly link to their preferences, aspirations and identified outcomes;
- e) People have access to information about planned activities and opportunities to be involved in planning and facilitating activities; and
- f) There is adequate oversight and leadership of the wellbeing team, including evaluation of effectiveness to identify areas for improvement.

This is to comply with Regulation 3 (Principles) 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:

'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 requirement was made on 16 October 2024.

## Action taken on previous requirement

Additional wellbeing staff were in post and had been supported into their roles through induction and a range of training by the provider. Wellbeing staff were working alongside the care team to develop the quality and variety of meaningful activity for people. Care staff were being supported through supervision and 'growth conversations' to understand their role in supporting people to experience meaningful contact.

Wellbeing plans were in place for all people using the service. These still require further development to ensure they fully reflect people's needs, preferences and outcomes.

## Met - outwith timescales

### Requirement 2

By 3 February 2025, the provider must ensure that arrangements are in place to manage people's personal funds safely.

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

- a) All people using the service have an assessment and personal plan in place in relation to managing their finances;
- b) Clear information is recorded in personal plans about any legal arrangements in place to support people to manage their finances;
- c) People's personal allowances are used in ways that benefit them and in-line with their wishes or the wishes of their legal representatives;
- d) Where the provider is unclear about how to obtain the views of the person or legal representative about managing their finances, appropriate referrals are made to external professionals; and
- e) Professional advice is accurately recorded in people's personal plans and resulting action plans are followed.

This is to comply with Regulation 3 (Principles) 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:

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

and

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

**This requirement was made on 16 October 2024.**

#### Action taken on previous requirement

All people who required a financial care plan had one in place. These care plans contained sufficient information about people's needs, risks and who was involved in supporting them to manage their finances.

People were being supported to use their finances in ways that benefitted them. This is an ongoing process which could be complimented by input from wellbeing staff and advocacy services. Advocacy workers were involved with some people to support them to communicate their preferences about their finances.

#### Met - outwith timescales

### Requirement 3

By 3 February 2025, the provider must ensure that personal plans are in place which reflect people's current circumstances, needs and agreed outcomes.

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

- a) All people using the service have a personal plan that is up-to-date, accurate and detailed to ensure it reflects their current circumstances;
- b) Six monthly review paperwork is fully completed and used to develop people's personal plans, to reflect their changing needs and outcomes. This should include input from people, their representatives or key professionals;
- c) Risk assessments are in place where required to reflect risks and how these should be managed. These are updated as people's needs and circumstances change;
- d) Personal plans contain clear information about how and when family members, professionals or other representatives should be contacted and their level of involvement;
- e) Quality assurance of care plans is used effectively, to identify improvements and assign tasks to appropriate staff. Tasks should be followed-up to demonstrate completion;

- f) Staff responsible for personal planning, risk assessment and review undertake appropriate training and have sufficient support and supervision, to ensure good standards are maintained; and
- g) Staff have clear information about where to find information about people's needs and preferences, and use personal plans to understand people's support needs and preferences.

This is to comply with Regulation 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:

'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 requirement was made on 16 October 2024.**

### Action taken on previous requirement

Personal plans had been audited by leaders in the service. Updates had taken place to make personal plans more reflective of people's current needs, preferences, and outcomes.

Six monthly reviews were taking place regularly and were scheduled in advance.

Risk assessments were in place for key areas of people's care and were used appropriately in most instances. Not all people had appropriate risk assessments but the manager of the service took action to resolve this during the inspection.

The service was using a 'Circle of Support' document to help identify the family, friends and professionals involved in people's lives.

Staff responsible for completing personal plans had been supported to develop their practice. We could see the impact of this on the quality of the personal plans.

We have made an area for improvement to reflect the work still needed to ensure people's personal plans fully reflect their needs.

### Met - outwith timescales

## Requirement 4

By 27 June 2025, the provider must improve how people's changing needs are recorded and communicated. There must be sufficient leadership oversight of staff practice to ensure people's health needs are addressed.

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

- a) Ensure the completion of accurate daily records and health monitoring records, including handover records. These should be used to inform decisions about what action should be taken. For example, where medication may be required or to identify when input is required from external health professionals;
- b) Ensure there are systems in place to check, review and assess the accuracy of daily records and health monitoring records. Action should be taken without delay where any health needs or issues are identified;
- c) Ensure that staff at all levels are clear about their roles, responsibilities and accountability, and have sufficient time to communicate verbally and in writing essential information about people's care and support on a daily basis; and
- d) Ensure daily meetings are accurately documented and actions are clearly communicated, carried out consistently and without delay.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

and

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

**This requirement was made on 30 April 2025.**

#### **Action taken on previous requirement**

Oversight of people's clinical needs had improved. New systems were in place to ensure changing needs were accurately recorded and improved oversight and leadership helped to ensure changes were identified and addressed timeously.

Documentation for handover and 'flash' meetings had been improved and staff had received further guidance and support about how to complete these well. Senior staff led daily meetings which included key staff from all departments in the service. This helped to ensure key information was shared and followed up.

Staff had been reissued with their job description and had attended 'growth conversations' to support their development and understanding of their roles.

The service had introduced some new clinical monitoring tools but these were not being used as designed. We have made a new area for improvement under key question 1 to address this.

**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 support continuous improvement in the service, the provider should share the service improvement plan with staff, people using the service and their representatives. People should be encouraged to contribute their views about the service, and progress should be tracked and shared to demonstrate improvement.

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

**This area for improvement was made on 16 October 2024.**

#### Action taken since then

Leaders had completed a self-evaluation of the service and had a 'project plan' in place to track progress on requirements and areas for improvement from the previous inspection. The provider also uses an electronic system to track ongoing improvement activities.

Improvements to team meetings and monthly newsletters meant that staff, people using the service and their relatives had access to information about the improvement priorities for the service.

This area for improvement is met.

#### Previous area for improvement 2

To ensure the environment continues to meet people's needs, leaders should audit the quality of the environment and identify priority areas for improvement. People using the service and their representatives should be consulted about improvements, to ensure their views are heard. The environmental improvement plan should identify timescales for improvements using SMART principles (Specific, Measurable, Achievable, Realistic, Time-bound).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 16 October 2024

**This area for improvement was made on 16 October 2024.**

#### Action taken since then

Improvements to the environment had been made since the last inspection. This included refurbishment of corridors, communal bathrooms, showers and lounge areas. Dining rooms had been re-painted and were fresh and tidy in appearance. The manager had undertaken an audit of the environment and people had been asked for their views about priority areas for refurbishment. An updated environmental improvement plan was being produced to reflect the priorities for the coming year.



We asked the provider to ensure details of planned environmental improvements continue to be shared with people and their representatives.

This area for improvement is met.

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

## 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.