

# The Village Nursing Home Care Home Service

1a The Auld Road  
Cumbernauld  
Glasgow  
G67 2RF

Telephone: 01236 458 587

**Type of inspection:**  
Unannounced

**Completed on:**  
18 August 2025

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

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300789

## About the service

The Village Nursing Home is situated in a residential area of Cumbernauld, North Lanarkshire.

The provider is HC-One Limited and is registered to provide care and support for 48 older people. There were 37 people living there at the time of the inspection.

The home provides long-term nursing care as well as short-term respite breaks, to people with physical and cognitive impairment.

The home is purpose-built over three levels, with lounges and dining facilities on each of these.

All bedrooms have ensuite toilet and wash basin facilities and people are encouraged to bring in their own furnishings to personalise their rooms.

There is a secure garden area with seated areas for people to enjoy in the better weather. Two recently completed decking areas have been added with seating for people now also available near the front entrance.

## About the inspection

This was an unannounced inspection which took place on 18 August 2025, between 09:30 and 15:00. The inspection was carried out by two inspectors from the Care Inspectorate. This inspection was to follow up on two requirements made at the previous inspection on 19 June 2025.

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 16 staff and management
- Observed practice and daily life
- Reviewed documents.

## Key messages

- There had been a notable improvement in the nutritional outcomes for individuals identified as being at risk of malnutrition.
- People could be assured that eating and drinking care plans were in place to guide staff in delivering person-centred support.
- Food and fluid intake charts were consistently used, enabling senior staff and management to monitor individuals' nutritional intake effectively and respond promptly to any concerns.
- Falls management and oversight had significantly improved, with robust systems now in place to monitor and respond to incidents effectively.
- People could be assured that essential falls prevention equipment was now in place, with clear records maintained to track its usage.
- People now had access to a call system across the home in order to obtain staff support when needed.

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

### Requirements

#### Requirement 1

By 31 July 2025, the provider must ensure people are supported to have food and drink that meets their needs and wishes.

To do this the provider must, as a minimum, ensure that:

- a) People identified as having a MUST score of 1 or above and therefore at risk of malnutrition are offered a food fortified diet throughout the day
- b) Staff are trained in food fortification and how to support people to eat and drink well
- c) Food and fluid charts are completed and retained to allow for further assessment and to provide evidence that first line interventions have been implemented.

This is to comply with Regulation 4(1)(a) and (b) (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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37)

**This requirement was made on 19 June 2025.**

#### Action taken on previous requirement

There had been a notable improvement in the nutritional outcomes for individuals identified as being at risk of malnutrition. This progress is attributed to targeted staff training and ongoing support initiatives. Staff demonstrated a strong understanding of nutritional needs and were confident in applying best practices to support people effectively. As a result, individuals received appropriate and timely interventions.

People could be assured that eating and drinking care plans were in place to guide staff in delivering person-centred support. Food and fluid intake charts were consistently used, enabling senior staff and management to monitor individuals' nutritional intake effectively and respond promptly to any concerns.

These measures contributed to improved outcomes for people using the service.

**Met - within timescales**

#### Requirement 2

By 31 July 2025, the provider must ensure that they make proper provision for the health, welfare and safety of service users. To do this, the provider must, as a minimum:

- a) carry out an assessment of all service users to identify any individuals who are at particular risk from falling
- b) ensure that suitable and adequate control measures are identified and put in place to reduce their risk of falling
- c) ensure that staff are aware of any equipment identified and that this consistently used and in good working order
- d) ensure that people are able to reach and use the alarm system or call-pull when in their en-suite, bedroom and communal areas such as bathrooms, toilets, lounges and dining rooms.

This is to comply with Regulation 4(1)(a) 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: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.'(HSCS 5.18).

**This requirement was made on 19 June 2025.**

#### Action taken on previous requirement

Falls management and oversight had significantly improved, with robust systems now in place to monitor and respond to incidents effectively. Comprehensive risk assessments were consistently completed for individuals, which enabled staff to identify those at risk and implement appropriate preventative measures. In addition, staff had received targeted training focused on falls prevention, awareness, and response protocols, which had enhanced their confidence and competence in managing such situations.

People could be assured that essential falls prevention equipment was now in place, with clear records maintained to track its usage. Regular checks were being conducted to ensure that all equipment remained in good working order, supporting staff to deliver safe and responsive care.

People now had access to a call system across the home in order to obtain staff support when needed.

#### Met - within timescales

### Requirement 3

By 31 October 2025, the provider must ensure each service user has a personal plan in place which sets out how the service user's health, welfare and safety needs are to be met.

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

- a) staff have the knowledge and skills to use their electronic system
- b) relevant risk assessments are completed and used to inform the personal plan
- c) where a service user needs a specific aspect of their health monitored, that supporting documents are completed and that trained staff have an overview of these.

This is to comply with Regulation 5(1) and (2) (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).

**This requirement was made on 19 June 2025.**

#### Action taken on previous requirement

This requirement was not assessed during the inspection.

**Not assessed at this inspection**

## 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 provider should ensure that when people or their representatives raise concerns about their care and support, effective action is taken to address their concerns in line with the service's complaint policy. This should include an outcome letter that has a 'Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)' action plan, where appropriate. This should also clearly identify if the complaint will also be managed under 'Duty of Candour' legislation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 19 June 2025.**

#### Action taken since then

This was not assessed during this inspection.

### 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).

## 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.