

Oxton House Residential Home For Older People

Care Home Service

14 - 18 Marywood Square
Strathbungo
Glasgow
G41 2BJ

Telephone: 01414 230 285

Type of inspection:
Unannounced

Completed on:
12 August 2025

Service provided by:
Oxton House Residential Home for
Older People

Service provider number:
SP2003000209

Service no:
CS2003001077

About the service

Oxton House Residential Home for Older People is registered to provide a care service to a maximum of 34 older people, a maximum of 2 of whom may be below the age of 65, with physical or mental health needs. The provider is Oxton House Residential Home for Older People.

The property comprises of three adjoining Victorian terraced houses, situated in the southside of Glasgow, consisting of three floors accessed by a passenger lift. People have a choice of sitting rooms and dining areas. There are mature gardens with a summer house to the rear of the property providing accessible areas for people who use the service.

The care home is well-situated for public transport links and close to local amenities such as cafes and restaurants, shops, churches and a large public park with a pond area.

There were 24 people using the service at this inspection.

About the inspection

This was an unannounced follow-up inspection which took place on 12 August 2025. The inspection was to follow-up on requirements and areas for improvements that were made at the inspection completed on 10 April 2025. This second follow-up inspection established progress on the remaining two requirements around leadership and management and maintenance and cleanliness of the environment. It 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 carried out the following activities:

- an environmental inspection of the premises and care equipment
- interviewed the registered manager and care staff
- spoke with people experiencing care
- examined records relating to quality assurance and maintenance and cleanliness of the environment.

Key messages

- The provider had made considerable improvement in the area of leadership and management and maintenance and cleanliness of the environment.
- Progress with the remaining areas for improvement was evident but further changes were planned to fully meet the areas identified and ensure sustained improvements.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our leadership?	3 - Adequate
How good is our setting?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

3 - Adequate

We have recorded our findings under the section - What the service has done to meet any requirements we made at or since the last inspection.

We found there had been sufficient improvement in the practices of leadership and quality assurance. We have, therefore, regraded the evaluation of the quality indicator 2.2 - Quality assurance and improvement is led well, upwards from weak to adequate.

How good is our setting?

3 - Adequate

We have recorded our findings under the section - What the service has done to meet any requirements we made at or since the last inspection.

We found there had been sufficient improvement in the practices of cleanliness and maintenance of the environment. We have, therefore, regraded the evaluation of the quality indicator 4.1. - People experience high quality facilities, upwards from weak to adequate.

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 that people experience a service which is well led and managed, and which results in better outcomes for them. To do this the provider must, at a minimum, ensure:

- a) The quality assurance system supports a culture of continuous improvement.
- b) Audits are completed with transparency and reflect relevant best practice guidance for the area being assessed.
- c) Information gathered from quality assurance processes and self-evaluation is used, as part of an improvement plan, to improve practice.

This is to comply with Regulation 3 and 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: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This requirement was made on 22 May 2025.

Action taken on previous requirement

Systems had been developed, including compliance audits, which covered key areas of service delivery. We reviewed the updated quality assurance systems and audit outcomes. We were satisfied that there were structures in place to help give the management team an overview of key aspects of the service.

We found evidence of self-evaluation and improvement planning. Feedback had been obtained from stakeholders to look at how supports could be further developed and how the service could make further improvement. The service improvement plan was at an early stage with plans to extend the range of feedback to shape the content.

Based upon our findings, we were satisfied that this requirement had been met.

Met - within timescales

Requirement 2

By 31 July 2025, the provider must ensure that people experience high quality facilities. This will enhance the living conditions and improve outcomes for people. To do this the provider must, at a minimum:

- a) Use the outcomes of environmental audits to inform a development plan to improve the environment of the home.
- b) Ensure the plan includes, but is not restricted to, details of measures to ensure the home is free from unpleasant smells.
- c) Replace carpeting that can no longer be cleaned or repaired.
- d) Ensure the plan includes timescales for the scheduling work to make improvements.

This is to comply with Regulation 4(1)(d) 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: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.24), and "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells" (HSCS 5.20).

This requirement was made on 22 May 2025.

Action taken on previous requirement

We found that significant progress had been made in this area. The standards of cleanliness throughout the home, and equipment used by people, had wholly improved.

We examined cleaning schedules and discussed how these had been developed and improved to include checking the effectiveness of cleaning throughout the home. This helped to identify and prioritise areas that should be addressed and provided assurance that people were living within a clean and hygienic environment.

The home had a maintenance and redecoration plan in place. Priority areas highlighted had been signed off as completed and there were timescales for completion for the other work to be carried out. Maintenance records now reflected best practice.

Based upon our findings, we were satisfied that this requirement had been met.

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 improve people's wellbeing, the provider should ensure that they have opportunities to engage in meaningful and stimulating activities in the home. This should include but is not limited to:

- a) Ensuring that people have a meaningful choice about their activities, and these are recorded and evaluated in a person-centred way in their care plan.
- b) Ensuring that staff actively engage with people when carrying out care tasks.
- c) Reviewing staff deployment and the use of space to maximise people's opportunities for meaningful activities and stimulation.
- d) Evaluating activities to ensure that people enjoy them and they benefit their wellbeing.

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) and "People have time to support and care for me and to speak with me" (HSCS 3.16).

This area for improvement was made on 22 May 2025.

Action taken since then

This was a focused inspection to evaluate progress on two outstanding requirements.

This area for improvement has not been assessed and remains in place.

Previous area for improvement 2

To improve the mealtime experience for people, the provider should:

- a) Undertake observations of the dining experiences and implement any actions required to ensure the mealtime experience is positive for people.
- b) Review the layout of the dining environment to support a positive dining experience where people can socialise.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSC 1.33).

This area for improvement was made on 22 May 2025.

Action taken since then

This was a focused inspection to evaluate progress on two outstanding requirements.

This area for improvement has not been assessed and remains in place.

Previous area for improvement 3

To enable clarity with regard to the management of people's funds, the provider should ensure there are safeguards to guarantee that people's funds are secure and managed in line with good practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded" (HSCS 2.5).

This area for improvement was made on 22 May 2025.

Action taken since then

This was a focused inspection to evaluate progress on two outstanding requirements.

This area for improvement has not been assessed and remains in place.

Previous area for improvement 4

To demonstrate that there is always the right skill mix of staff to support and care for people in a person-centred way, the provider should record their professional judgement and evidence how staffing decisions are made.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23)

This area for improvement was made on 22 May 2025.

Action taken since then

This was a focused inspection to evaluate progress on two outstanding requirements.

This area for improvement has not been assessed and remains in place.

Previous area for improvement 5

To fully meet people's health and care needs, the provider should ensure there are always sufficient qualified staff deployed effectively on each shift

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23)

This area for improvement was made on 22 May 2025.

Action taken since then

This was a focused inspection to evaluate progress on two outstanding requirements.

This area for improvement has not been assessed and remains in place.

Previous area for improvement 6

To enhance the environment for those living with dementia, the provider should follow good practice guidance. This should include the replacement or introduction of better signage and visual markers.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS, 4.11) and "I experience high quality care and support because people have the necessary information and resources"(HSCS 4.27).

This area for improvement was made on 22 May 2025.

Action taken since then

This was a focused inspection to evaluate progress on two outstanding requirements.

This area for improvement has not been assessed and remains in place.

Previous area for improvement 7

In order to maintain people's health and wellbeing, their personal plans should:

- a) Identify what health conditions people are living with and direct staff on how best to support them with this.
- b) Reviews of personal plans should reflect people's views and identify and adapt any outcomes identified.

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 area for improvement was made on 22 May 2025.

Action taken since then

This was a focused inspection to evaluate progress on two outstanding requirements.

This area for improvement has not been assessed and remains in place.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Detailed evaluations

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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