

Bonnyholm Gardens Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
15 August 2025

Service provided by:
JSL Care Ltd

Service provider number:
SP2008010034

Service no:
CS2017361116

About the service

Bonnyholm Gardens Care Home is registered to provide care for a maximum of 61 older people. The provider is JSL Care Ltd. The home is located in a residential area of Crookston, close to Rosshall Park, transport links and local shops.

Bonnyholm Gardens is a purpose-built two storey building with lift access between floors. Accommodation includes single en suite bedrooms, communal lounge/dining rooms, cinema, hairdressers, function room and reception area.

There is a garden area located to the rear of the property and parking available to the front with alternative off street parking directly outside the home.

The service has four units. Upstairs there are Rowan and Willow and downstairs, Chestnut and Maple.

At the time of the inspection, the care home was caring for 59 people.

About the inspection

This was an unannounced inspection which took place on 13 and 14 August 2025 with a separate feedback session on 15 August 2025. The inspection was carried out by three inspectors from the Care Inspectorate on day one and two inspectors on the following days.

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 throughout the inspection year.

To inform our evaluations we:

- spoke with seven people using the service, seven family members and received communications from external professionals who have regular contact with the service
- spoke with night shift and day shift nursing/care staff, ancillary staff and the management team
- examined and reviewed a range of documents
- we carried out an environmental inspection of communal areas as well as individual bedrooms.

Key messages

- People using the service, and their relatives, were very satisfied with the care and support provided.
- The management team was highly motivated to make ongoing improvements to the service and work collaboratively with people.
- Staff had formed positive relationships with people using the service, families, management and external professionals.
- Some improvements were needed with recording in daily notes and capturing the often positive outcomes achieved when care reviews were completed.
- Improvements had been made to the environment which meant people had more opportunities to spend time in various parts of the home.

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?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very 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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefited from positive warm and nurturing interactions between them and staff. We heard consistent feedback from residents, and all of the relatives, that we spoke with that staff were kind, knew the wishes and preferences of each person and strived to provide good standards of care.

"People are well cared for, staff know about [relative's] needs and are responsive. No concerns and very happy that [relative] is a resident here."

"[Relative] is settled and happy in the home. When they take them out they seem keen to return to the home ... they feel safe and it's familiar to them."

People's dietary and nutritional needs were identified. Good communication was made between nursing, care and kitchen staff. This meant that meals were shaped by feedback from people using the service and their specific dietary needs were being met. We checked and found that there were plentiful supplies of fresh produce including food fortification ingredients which were used to help people gain or maintain weight.

Overall, staff were responsive when supporting people at meal times. We identified some improvements in practice including being aware of intrusive noises and better deployment of staff during and outwith meal times.

People's health and wellbeing needs were regularly assessed and when changes were detected staff were good at referring to external professionals for further input. It was confirmed from both professionals that we contacted that referrals were appropriate, made timeously and they had confidence that staff would consistently follow recommendations made to keep people safe and well.

Having the right medicine at the right time is important for keeping people safe and well. An electronic system was in use and people were receiving medication as prescribed. Staff had taken an effective approach by using other techniques in advance of using medication when individuals experienced episodes of distress.

An activity programme was in place and people benefited from engaging with activities within and outwith the home. However, through observations, we found that there were occasions when there were missed opportunities of staff engaging with people within some of the units. This area should be monitored to maximise meaningful opportunities for people throughout the home.

How good is our leadership?**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The management team demonstrated genuine commitment to improving the service.

People using the service, relatives and staff found the management team to be accessible. A range of methods had been used to hear people's views. These had been used to help shape the service, for example, menus and food choices were influenced by feedback received.

The monthly newsletter and social media page helped keep people updated with developments within the service.

Ideas from staff had been actively sought and used to develop the service. This included purchasing new equipment to meet the care needs of people.

A suite of audits had been developed and these had been used effectively to identify the changing health and wellbeing needs of people who used the service. The systems developed meant that the management team could be confident of the effectiveness of interventions or help inform if other approaches were needed.

The management team had identified specific areas that needed to be prioritised to help continue to take the service forward.

When any adverse event occurred, the management team used this as an opportunity for learning. Consideration was given to look at what needed to be put in place to mitigate potential recurrence and help make improvements.

Accidents and incidents were recorded and used to re-visit associated risk assessments. These had also been used to identify trends and causative factors to be addressed to help keep people safe and well.

People shared that they felt comfortable in raising any concerns and were confident these would be addressed.

How good is our staff team?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We heard positive comments in connection with the staff who provided support.

"The staff are fantastic - very caring. They are good at communicating with me. [Relative] has good relationships with them."

"Staff are so kind - staff are tactile and this gives comfort to [relative]."

A recognised dependency tool had been used to help inform staffing levels. The service had continued to recruit new staff. Whilst staff were being used, the overall trend indicated that there had been a reduction. The same agency staff had been booked to promote continuity of care. We concluded that there should be further monitoring of the deployment of staff based upon some of our observations.

The management team took a collaborative approach by helping staff understand their roles and responsibilities. Individual staff demonstrated good leadership and helped direct colleagues at unit level.

Staff shared that the management team was very supportive and provided good direction and development opportunities.

Direct observations had been completed which staff found useful. These meant individual staff received direct feedback and guidance to recognise and reinforce good practice. Staff observations had also been used to help staff understand why they should be following the Health and Social Care Standards to benefit people they support. The management team should develop a matrix which reflects staff observations completed and those planned to help them have a clear overview. Staff spoken with were motivated to provide good standards of care and understood the needs and preferences of people that they supported.

Staff supervisions were planned and had been completed with staff. These were a mix of themed supervisions which offered opportunities to discuss day-to-day practice and encourage reflections of practice.

A good range of training had been provided to staff. Staff shared that they felt the training was relevant to their role and helped equip them with the relevant knowledge and skills. Ongoing work was needed to ensure all staff fully understood the electronic care planning system and developed confidence with day-to-day use.

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The design and furnishing of the home meant that people lived in a bright, welcoming and comfortable environment. Through consultations with people who used the service, relatives and staff and utilising best practice guidance, the home had been further developed since the previous inspection.

This meant that people were offered greater opportunities to spend time in a range of areas and engage in meaningful/purposeful activities aligned to their interests. Examples included a small laundry area, reminiscence room and man cave. There were further planned developments to help enhance people's experiences.

We received positive comments in connection with the environment.

"The environment has been good for improving [relative's] mood - there are a good range of places where they can spend their time."

"We are happy with the care and feel [relative] is in a safe place, it's a nice setting."

Both communal areas and bedrooms were cleaned to a good standard with housekeeping staff following cleaning schedules.

Best practice infection prevention and control guidance was displayed throughout the home. Plentiful supplies of personal protective equipment were available and staff used this appropriately.

We heard from relatives that bedrooms had been decorated to meet the wishes and preferences of individuals in advance of moving into the home. Bedrooms were spacious and well-equipped. For example, each contained an electronically operated bed. Additional equipment had been purchased to help reduce the risk of harm from falls.

The enclosed gardens had been developed since the previous inspection with additional seating, planting and furniture in place. Staff and people living in the service had been involved in developing the gardens. We observed people using the garden and spending time with their visitors during the good weather when we inspected.

A range of environmental audits was completed to ensure that the environment was kept safe and maintained.

Contracts were in place with external companies to ensure appropriate maintenance and checks were completed with equipment used throughout the home.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff had become more familiar and competent with using the electronic care planning system.

Recognised health assessments were being completed to a good standard and these helped to consistently inform associated care plans. Staff also understood the relationship between identified care needs and how these linked between care plans. This meant that staff took a more consistent approach when delivering care and support to people.

Evaluations had been regularly carried out by staff meaning that care plans were reflective of people's current needs.

The management team should monitor the quality of daily notes being completed by staff to ensure these accurately reflect support offered.

When people had been identified at risk of potential deterioration in their health and wellbeing, staff had improved the recording of monitoring and completion of associated records. These were completed to a good standard for people at risk of dehydration. These should include prescribed supplements into the running daily totals.

The system used by the management team in terms of regular checks and audits had resulted in improvement with staff practice in this area.

Care reviews were planned and being completed with input from relatives. However, the service should work on reflecting the often positive outcomes achieved as a direct result of the good standards of care and support provided within the associated records (see area for improvement 1).

The legal status of people was recorded and used to inform current and future decisions around medical interventions.

Areas for improvement

1. Care reviews should meaningfully reflect what has been achieved as a result of care and support provided and what needs to change to help people experience good outcomes.

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).

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

In order that people receive the appropriate level of support:

- assessments should accurately and consistently inform associated support plans
- care reviews should reflect what outcomes have been achieved as a result of support provided.

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 19 April 2024.

Action taken since then

Good progress has been made with assessments completed to a better standard and more consistently informing support plans. This part of the area for improvement is met.

Further work was needed in developing care review minutes to reflect the often positive outcomes achieved as a result of the care and support provided. This part of the area for improvement is not met and is reflected as an amended area for improvement under How well is our care and support planned?

Previous area for improvement 2

To ensure that people who have been identified as being at risk of dehydration receive enough to drink to keep them well, staff should ensure that targets are identified, consistently monitor throughout the day amounts taken and offered and detail actions taken when targets are not met.

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

This area for improvement was made on 26 June 2023.

Action taken since then

Good progress had been made. Staff understood the importance of this. They made improvements when recording and we noted many people were exceeding targets. This meant people were helped to keep hydrated. The management oversight had helped take this area for improvement forward.

This area for improvement has been met.

Previous area for improvement 3

In order that the environment is used to its full potential and developed to meet current residents' needs, the manager should:

- a) Consult with residents and relatives about how they want to develop their home
- b) Implement actions identified after completion of The King's Fund tool to make the environment more dementia friendly.

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 area for improvement was made on 26 June 2023.

Action taken since then

Very good progress had been made. There had been consultations with people using the service, families and staff with the development of the environment internally as well as the gardens.

The environment has significantly improved and benefited people living with dementia. Small things like displaying welcome posters on bedroom doors for new residents helped create a warm, welcoming environment which offered reassurance to families. The design of areas for people to use had been informed by best practice guidance. These areas offered people better opportunities to engage in activities and promote positive experiences.

This area for improvement has been met.

Previous area for improvement 4

The provider should ensure staff follow good practice when administering and recording medication prescribed on an as required basis. People who have medication administered covertly should have regular reviews to check that this continues to be required.

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

This area for improvement was made on 12 July 2022.

Action taken since then

The electronic medication administration system linked with the electronic care planning system. The system prompts staff to record decision-making around the use of "as required" medication as well as recording the resulting outcome. This followed best practice guidance. Care plans were also interlinked for people who may experience episodes of emotional distress. This meant that staff were guided to use a consistent approach to support people.

Covert medication pathways were in place with involvement with families and external professionals such as GPs.

This area for improvement has been met.

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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very 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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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

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