

## Oakview Manor Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
19 August 2025

**Service provided by:**  
Oakminster Healthcare Ltd

**Service provider number:**  
SP2003002359

**Service no:**  
CS2003014530

## About the service

Oakview Manor Care Home is registered to provide a care service for a maximum of 80 places for older people of which a maximum of four places may be used for respite or short breaks. Within the 80 places a maximum of two places can be for two specific, named adults currently in residence who are not yet older people.

The provider is Oakminster Healthcare Ltd.

The home is in a residential area of Pollokshields in Glasgow and is close to local amenities and transport links. There is a car park to the rear of the building.

The home is divided into two units over four floors, Caledonia House and Rannoch House. All bedrooms are single with en-suite toilet and showering facilities with lounge and serving areas available on each floor.

The ground floor has the main residents' lounge and dining areas, as well as a café and conservatory area for all to use. There is access to a garden area, at the side of the building, via a ramp.

There were 65 people using the service at the time of the inspection.

## About the inspection

This was an unannounced inspection which took place on 15 - 16 August 2025 between 07:00 and 18:30. 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:

- Spent time with 18 people using the service and spoke with seven of their families that were visiting. We also obtained feedback via a pre-inspection questionnaire from three people and eight families.
- Spoke with 14 staff and management, along with feedback via a pre-inspection questionnaire from seven staff.
- Observed practice and daily life.
- Reviewed documents.
- Obtained feedback from three visiting professionals.

## Key messages

- People living in Oakview Manor, and their families were overall happy with the current care and support.
- Staff liaised with healthcare professionals as needed to support individuals' health and wellbeing.
- Improvement was required around the management of individuals at risk of malnutrition and/or who needed support to maintain healthy skin.
- Improvement was required to improve the quality assurance system as this was not currently effective in identifying risks or driving improvements.
- Overall, people living in the care home and their families spoke positively of the staff who supported them.
- Improvement was required to ensure that people are safe and protected by being proactive in ensuring that systems and resources are in place to support good infection prevention and control.
- Improvement was required to ensure that staff had access to concise and up-to-date information about each resident along with well completed supporting daily documentation/charts.

## 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?	3 - Adequate
How good is our setting?	3 - Adequate
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 quality indicator 1.3 as adequate, where although there were some strengths, these only just outweighed weaknesses.

People living in the care home and their families were overall happy with the care and support, however several spoke of aspects which could be improved. One person told us, "It's alright living here", whilst another explained, "It's very good living here and very nice". Family comments included, "Often visitors are stepping in to help de-escalate conflict among residents because staff are unaware of the situation or busy with duties elsewhere", "It's mainly fine", "For the most part my relative/friend is comfortable and healthy but not always happy with the level of care and support provided. Complaints and concerns are not addressed quickly, and often not at all" and "Overall care is ok".

People appeared clean and tidy, however, some attention to detail could be reviewed to improve people's presentation. Some families also commented on the importance of attention to detail and that this could vary on different days depending on what staff were on.

Where people were at risk of falls, there were systems and equipment in place to support them.

Staff liaised with healthcare professionals as needed to support individuals' health and wellbeing. However, instructions or recommendations from professionals were not always clearly documented within care plans. Families told us that they were not always kept informed of any changes or updates to care, to promote transparency and shared understanding. One family explained, "I'm not told when there have been changes, for example, when medicine gets changed or stopped", whilst another felt, "Main issue is communication as stuff doesn't get passed on".

Whilst medication was consistently recorded as administered, stock levels did not always match usage. Prescribed creams and thickeners were not clearly labelled or used solely for the named individual, posing risks to safe, person-centred care. These areas needed tighter oversight to ensure safe practice and compliance (see area for improvement 1).

People benefitted from a varied diet. They could choose from a variety of meals, snack and drinks which reflected their cultural and dietary needs and preferences, including fruit and vegetables and home baking. We observed mealtimes to be relaxed and staff supported and gave encouragement where needed. A fortified diet was available to support individuals who were at risk of malnutrition. The care home were part of the local 'milkshake project' aimed at enhancing nutrition for people. However, we received mixed feedback about the meals, comments included, "Food is good most of the time", "Sometimes the quality and choices could be better", "The food is dreadful" and "The food is very nice, you get a choice".

We had concerns around the management of individuals at risk of malnutrition. Care planning in this area was inconsistent, and food and fluid charts required improvement to ensure they were meaningful and accurately reflected a person's intake. Currently, there was no clear process for reviewing these charts regularly, which limited their effectiveness. Those scoring a Malnutrition Universal Screening Tool (MUST) of 1 or above should be discussed as part of the monthly clinical overview meeting to ensure appropriate actions are identified and implemented (see requirement 1).

Improvement was required around how people were supported to maintain their skin integrity. Whilst there was a range of equipment in place to help prevent pressure damage, systems to ensure ongoing monitoring and maintenance should be reviewed. We sampled wound documentation and repositioning records and found that these showed inconsistent completion and oversight, which may impact the continuity of care (see requirement 1).

People could not be assured that regular and effective oral care was being provided. The hygienic storage of toothbrushes was not consistently observed, along with toothpaste being clogged and unusable. Improvements were needed to ensure oral hygiene was maintained in line with best practice and individual care needs (see area for improvement 2).

Information under key question 5 is also relevant here.

## Requirements

1. By 30 September 2025, the provider must ensure people are supported to have good nutrition, hydration, and to maintain healthy skin integrity.

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 to allow for further assessment and to provide evidence that first line interventions have been implemented.
- d) People identified as being at risk of skin breakdown have a care plan in place that details clear actions to be taken to reduce the risk to them.
- e) Repositioning charts are completed 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).

## Areas for improvement

1. The service should ensure that people receive their medications as prescribed. To do this the provider must, as a minimum, ensure that:

- a) There are robust audit trails to ensure that stock counts align with recorded usage.
- b) There is a clear note of actions taken following any anomalies.
- c) That prescribed creams and thickeners are always clearly labelled and used exclusively for the named individual.

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).

2. The service should ensure that people can be confident that their care supports good oral care in order to promote a clean and healthy mouth.

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).

## How good is our leadership?

## 3 - Adequate

We evaluated quality indicator 2.2 as adequate, where although there were some strengths, these only just outweighed weaknesses.

People could not be assured that the current quality assurance processes were effective. Whilst there were some systems in place to monitor aspects of service delivery, these approaches taken were not sufficiently detailed to demonstrate the impact of any planned improvement.

We considered the several aspects of concern identified during the inspection and questioned the reason these had not already been highlighted and addressed by the service's quality assurance processes. While a QA system was in place and had the potential to be robust, it had not been fully utilised. We noted there was an inconsistent approach as to when to devise action plans. Outdated information and lack of follow-through suggested that the system was not currently effective in identifying risks or driving improvements (see requirement 1).

The service had introduced champion roles for some staff members to support the development of key aspects of care and support. This was a positive initiative aimed at enhancing practice and promoting leadership within specific areas of care.

Whilst there was a system in place for recording and managing accidents and incidents, it was not always clear whether investigations had been carried out following these events. Learning from incidents is essential to reduce the risk of recurrence for the individual involved and others.

A complaints and concerns policy was in place. However, feedback from families indicated that while they had raised issues with staff or management, they felt these were not always addressed in a timely manner and often required follow-up reminders. The manager's complaints and concerns log did not align with the feedback received during the inspection. Complaints and concerns are an integral part of the quality assurance process and should be used proactively to identify areas for improvement and ensure responsive service delivery (see area for improvement 1).

Staff told us that they felt supported by senior staff and management and could go and speak to them if they had any ideas or concerns and would be listened to.

## Requirements

1. By 12 November 2025, the provider must ensure that people can be confident that standards of good practice are adhered to and drives change and improvement where necessary. To do this the provider must, as a minimum, ensure that:

- a) Governance and oversight systems are in place which identify risks and contain correct and up to date information.
- b) Staff and management have the skills, capacity and systems in place to identify risks, plan appropriate

actions to address these and drive improvement

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

### Areas for improvement

1. The service should ensure that all concerns and complaints raised by people and/or their representatives are recorded, investigated and responded to in a timely manner and follows their complaints procedure where appropriate.

This should include, but not be limited to, concerns raised to care staff, nurses or made directly to the management team. These should form part of the home's quality assurance and be welcomed and responded to in a spirit of partnership.

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).

### How good is our staff team?

### 3 - Adequate

We evaluated quality indicator 3.3 as adequate, where although there were some strengths, these only just outweighed weaknesses.

People living in the care home and staff benefitted from a warm atmosphere because there were good working relationships. We observed staff to respond in a kind and caring manner to people.

Overall, people living in the care home and their families spoke positively of the staff who supported them. However, we were made aware of concerns from some people. We passed these on to the provider and was assured that this would be explored and that refresher training around whistleblowing would also be put in place. One person told us, "Staff are friendly and helpful", whilst another explained, "Some staff are first class, some are moderate ". Family comments included, "I find the staff to be extremely caring, helpful and friendly. There are times when it is difficult to find a member of staff", "In the main, the staff carry out their duties proficiently and show kindness towards residents, but some lack patience and can be quite abrupt" and "I think staff are very responsive and I am very impressed".

There was effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people.

The provider had recently completed a project in the service to review the key worker system and look at how to develop this role, including how best to match staff with residents that had similar interests. We heard positive feedback about this.

Staff spoke positively about their experience working at the service, with many highlighting strong team working and a supportive environment across the care home. A number of staff had been employed at the

service for a considerable period, which contributed to continuity of care and a stable workforce. This consistency helped maintain good team working and staff knew people well.

Although staffing levels and skill mix were informed by ongoing assessment, the data used was inconsistent, making it difficult to validate whether calculated dependency hours accurately reflected people's care and support needs. We highlighted the importance of quality assurance in documentation. While a dependency assessment was in place, it should align with individuals' actual support needs and be verified through staff input, resident and family feedback, and direct observation. Engaging people in this process would enhance transparency and ensure assessments were meaningful. (see area for improvement 1).

Staff training across the service was mainly through the provider's eLearning, but refresher modules were not up to date. Staff spoke positively about other face-to-face training opportunities they'd experienced, highlighting how these sessions helped them feel more confident and better equipped in their roles. Newer staff spoke positively about the induction training they had received. Improvement was needed to ensure that staff had completed their refresher training (see area for improvement 2).

## Areas for improvement

1.  
To ensure that people can be confident that people's care and support needs are met effectively, the service should ensure staffing arrangements are safe. To do this, the provider should, at a minimum:

- a) regularly assess and review people's care and support needs
- b) demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements
- c) implement quality assurance systems to evaluate people's care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'My needs are met by the right number of people.' (HSCS 3.15).

2. To ensure that people can be confident that staff have the necessary skills and competence to support them, the service should ensure that refresher training is carried out in line with their company policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (3.14).

## How good is our setting?

### 3 - Adequate

We evaluated quality indicator 4.1 as adequate, where although there were some strengths, these only just outweighed weaknesses.

On arrival, the care home appeared clean and tidy, presenting a generally well-maintained environment. However, during further inspection, it was noted that some areas did not smell fresh, indicating a need for more thorough cleaning. In particular, certain flooring surfaces required either a deep clean or replacement to maintain hygiene standards and ensure a pleasant living environment for residents.



Following a closer inspection of the care home, concerns were identified regarding infection prevention and control (IPC). Specifically, handwashing equipment was not consistently restocked, some equipment including raised toilet seats and mattresses required more thorough cleaning. We highlighted our concerns to the management team, who took immediate steps to start to address them. However, such matters should not rely on external inspection to be identified and resolved. Robust internal monitoring systems should be in place to ensure IPC standards are consistently upheld and any shortfalls are addressed (see requirement 1).

The service is located within a large building spread over four floors, with the main communal living areas situated on the ground floor. People living in the home were able to choose whether to spend time in their own bedrooms or in shared spaces, promoting personal choice and comfort. Staff were deployed across all floors throughout the day.

People living in the service were supported to personalise their bedrooms, allowing them to create a space that reflected their individual preferences and needs.

During the inspection, the garden area was observed to be well used by people living in the service. Several people told us that regular access to the outdoor space was a normal part of daily life, and they clearly valued the opportunity to spend time outside.

The service had a planned programme in place for the regular maintenance of equipment, supported by in-house maintenance staff. While this provided a foundation for ongoing upkeep, several areas of the building showed visible signs of wear and tear and required updating. Although a system was in place for reporting repairs, a number of outstanding issues had not yet been addressed. To ensure the environment remains safe, comfortable, and fit for purpose, the service would benefit from implementing a room-by-room refurbishment plan. This would allow for more systematic improvements and help maintain high standards across the premises (see area for improvement 1).

## Requirements

1. By 30 September 2025, the provider must ensure that people are safe and protected by being proactive in ensuring that systems and resources are in place to support good infection prevention and control. In order to do this, the provider must, at a minimum:

- a) ensure that staff are trained, understand and adhere to the contents of the Care Home Infection Prevention and Control Manual (CHIPCM)
- b) ensure the care home environment, furnishings, floor coverings and equipment are kept clean and tidy
- c) maintain accurate records of all regular and deep cleaning
- d) Infection Prevention and Control audits capture all relevant areas for improvement

This is in order to comply with Regulations 3, and 4 (1) (a) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

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).

## Areas for improvement

1. To ensure that people experience an environment that is well looked after, the service should carry out a room by room audit to enable them to devise an environmental action plan. This action plan should then be worked through until completed.

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 5.22)

## How well is our care and support planned?

### 3 - Adequate

We evaluated quality indicator 5.1 as adequate, where although there were some strengths, these only just outweighed weaknesses.

Whilst each person had a individual care plan in place, we could not be assured that this was consistently updated or reflective of their current needs. During the inspection, we found examples where care plans did not align with the support being delivered or recent changes to circumstances of the people there (see requirement 1).

We sampled daily supporting documents and found that where people needed a specific aspect of their health monitored, these supporting documents were inconsistently completed and that trained staff did not have an overview of these to make them meaningful (see requirement 1).

Improvement was required to ensure that the legal requirement to review care plans at least every six months or sooner when there is a specific change in a service user's health, welfare and safety needs took place. These were not up to date across the care home. This represented a missed opportunity for individuals and/or their families to engage in meaningful discussions about their experience of living there and ensure that care remained responsive to any changed needs (see requirement 1).

Supporting legal documentation was in place, which protected and upheld people's rights.

Information under key question 1 is also relevant here.

## Requirements

1. By 12 November 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.
- d) review the care plan at least every six months or sooner when there is a specific change in a service user's health, welfare and safety needs.

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).

## 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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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