

Castle Street Care Home, Living Ambitions Limited

Care Home Service

16 Castle Street
Rutherglen
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Telephone: 01416 470 493

Type of inspection:
Unannounced

Completed on:
4 August 2025

Service provided by:
Living Ambitions Ltd

Service provider number:
SP2003000276

Service no:
CS2003001388

About the service

Castle Street Care Home is located in the town of Rutherglen, Glasgow. It benefits from convenient access to local amenities and public transport. The provider is Living Ambitions Ltd, and the home is registered to provide 24-hour care for up to nine adults.

The single-level property features nine individual bedrooms (none have en suite facilities), a communal lounge, kitchen, dining area, and two shared bathrooms. People have access to a small rear garden and parking at the front of the property.

At the time of the inspection, there were nine people living in the home.

About the inspection

This was an unannounced inspection which took place between 30 July 2025 to 4 August 2025. The inspection was carried out by one inspector. 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 nine people using the service and five relatives
- spoke with 11 staff including members of the management team
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

- People were happy with their care and support.
- People were encouraged and supported to make decisions in their day-to-day lives.
- People benefited from good quality support from a dedicated staff team familiar with their needs and preferences.
- The home provided people with warm and welcoming living space, with access to a secure outdoor garden to promote social opportunities for people.
- Care reviews need improved to consistently reflect people's support needs to ensure responsive care.
- The senior management team acknowledged awareness of areas in the service needing improvement.

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?	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?	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 because there were several important strengths which, taken together, clearly outweighed areas for improvement.

During the inspection, people were consistently observed to be treated with dignity and respect. We saw warm and kind interactions between staff and people supported. Staff knew people well and engaged positively with them. This promoted trust and meant people felt valued. Staff referred to people by their preferred names, which reflected a person-centred approach to care.

We saw that people participated in a range of activities with the service. One person supported told us, "I loved going to TRNSMT". Another said: "I enjoy doing some baking with the staff". One person told us they liked dancing, music and karaoke, playing bingo, shopping and meals out. Another individual liked trips out to go to the library.

The impact of activities on outcomes for people was reviewed and helped to identify the things that were meaningful and enjoyable. This information contributed to monthly activity planning that was person-centred. Evidence on display throughout the service demonstrated that people were supported to enjoy activities within and outwith the service.

People supported were actively involved in shaping the improvement of the care home environment through regular meetings, consultations, and surveys. Relatives, overall, reported being well-informed about any changes in their relative's care. Opportunities for independent advocacy were also available, empowering individuals to have their voices heard. These practices helped to contribute to positive outcomes by fostering respect, inclusion and a sense of control for people experiencing care.

People were encouraged to be involved in preparing their own meals, snacks and drinks. There had been a focus on developing a new weekly/monthly seasonal menu planner with people being supported. Consultation with people had taken place around this to ensure all people's likes and dislikes were considered.

External health and social care professionals supported people's health and wellbeing. Feedback was positive from visiting professionals. They found the service to be responsive to changes in people's needs and reactive to any advice or treatment recommended. There was evidence that people benefited from staff's knowledge and understanding of their changing needs and presentation. This meant people could be confident that staff were responsive to their changing needs.

Having the right medication at the right time is important for keeping well. From the records sampled, people had received their medication as prescribed. People's rights were being promoted through the use of protocols in place for staff to follow when medication had been prescribed on an "as required" basis.

There were good supplies of readily accessible personal protective equipment (PPE) which staff used aligned to good infection prevention and control (IPC) guidance. The housekeeping member of staff was familiar with IPC good practice guidance for the safe handling of laundry and the use of cleaning schedules which reduced the risk of transmission of infection.

How good is our leadership?**4 - Good**

We evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement.

People should have confidence that the service and organisation that they use are well led and managed. There had been a change of managers since the last inspection, with a new care home manager and external manager now in post. People supported, their families and staff told us it had been a difficult time with a lot of uncertainty and change. However, they felt that the teams had stabilised recently and 'things were getting better'. It was evident that the senior management team was committed to making any identified improvements and had recruited a new deputy manager to help support with this.

The management team had introduced a new tiered quality assurance system. These included regular checks and audits to ensure the service was safe and people experienced positive outcomes. Leaders closely monitored areas such as accidents and incidents, adult protection issues, medication, care planning and the environment. Audits produced action plans which meant when issues were identified they were promptly addressed. This ensured the service was meeting people's needs, which were often complex and evolving.

The service sought the opinion of people using the service to understand their wishes and views. There were regular house meetings and surveys carried out in which people expressed their views on care and support, menus, activities and changes they would like to see in the service. Three people supported had also volunteered to become quality checkers in the service. This was good practice and demonstrated the inclusion and value of individuals' views.

The provider used an electronic system to record and capture actions from meetings, audits, and surveys aimed at service improvement. The senior management team acknowledged the need for a more comprehensive and inclusive service improvement plan that incorporates input from people supported, relatives, staff and professionals, alongside audit outcomes. A well-rounded plan with clear actions will help drive, measure and sustain meaningful improvements in the care quality.

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

We evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement.

People and relatives spoke, overall, positively about staff and the support provided, with comments such as "staff are great" and "I can't fault the care". However, some noted that staff providing care were not always familiar. The quality of care was valued, but consistency in staffing could be improved to enhance familiarity and continuity.

Staff generally expressed satisfaction with their roles and valued strong teamwork. While many found management supportive, others felt responsiveness was inconsistent. Overall, morale was high, but enhancing management support is key to ensuring all staff feel heard and well-supported.

Staffing levels are based on commissioned hours and a dependency tool is used to assess staffing required. When required, senior managers had approved additional staffing support. The service was adapting to meet increased needs, and an ongoing review of staffing levels was essential to maintain safe and effective care.

Staffing had improved over the past year, with a more stable team of permanent staff now in place. Use of agency workers had reduced, and familiar agency staff were being used when needed. This meant people were mainly supported by staff who knew them well, promoting consistency and quality in care.

Staff remained dedicated to supporting people in the service. Additional supports were in place during the inspection to help manage the impact of recent challenges. Staff continued to show commitment, and this targeted support helped to maintain their wellbeing and effectiveness. We sampled staff recruitment records and found recruitment practice to be safe. We made a suggestion to ensure that all the interviewers' details were always clearly recorded.

New staff completed a probationary period and induction within three months. Some felt the process was rushed and left them unprepared. While structured onboarding is in place, pacing and support during induction should be reviewed to ensure staff feel confident in their roles.

Staff had access to a range of training, including positive behaviour support, moving and assisting, medication and care planning. Training was delivered both online and face-to-face. Records showed staff regularly completed relevant training to meet people's needs. This meant staff were supported through ongoing training, helping them deliver safe and person-centred care.

Staff supervision was taking place, though some people's sessions were overdue. This is expected to improve with a full management team in place. The supervision format used allowed staff to reflect on their practice and wellbeing. Supervision supports staff development and wellbeing, but consistency and timeliness of these needed to be improved on.

The provider supports staff in gaining professional qualifications like Scottish Vocational Qualifications (SVQ) and monitors progress to ensure completion. This means staff were encouraged in their development, helping to maintain a skilled and sustainable workforce.

How good is our setting?

4 - Good

We evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement.

People should expect a clean, tidy, and well-maintained environment with appropriate furnishings and equipment. Significant redecoration throughout the home had taken place since the last inspection. This included soft furnishings and enhancements to communal areas. These environmental improvements made the home more welcoming and comfortable for residents and people visiting the service.

Further improvements were planned in the service to replace carpets and flooring. Consultation planned involving people and relatives on choices such as type and colour. Involving people in decisions about their environment promotes inclusion and respect for personal preferences.

People told us, with some pride, of their involvement in choosing colours for their bedroom and were delighted with how their rooms looked. Contractors involved in the decoration and planned flooring works, gave us positive feedback about the staff team, highlighting the good communication and support. Positive relationships with external professionals reflects a respectful and collaborative culture within the service.

People's rooms were personalised with their own furniture and decoration, supporting individual preferences. These personalised spaces help people feel at home and respected in their environment.

Due to the design of the home, no room had an en suite facility. People shared communal bathrooms, showers and toilets. The shared facilities were, overall, being maintained to a high standard to ensure dignity and privacy.

A new multi-disciplinary team room and staff room had been created to support meetings, reviews and staff wellbeing.

Guidance was displayed to support staff in following good infection control practices, including correct use and disposal of personal protective equipment. Clear guidance helps reduce the risk of cross-infection and supports safe care delivery.

People supported had access to a secure garden space to the rear of the home. Some were using it during the inspection. One of the new activities included a gardening group. Outdoor access supports people's wellbeing and activities promote social engagement and enjoyment for people using the service.

Contracts were in place and equipment had been serviced and maintained aligned to manufacturers' recommendations. Regular maintenance checks and monthly health and safety audits ensured the care home was safe for people, visitors and staff.

How well is our care and support planned?

4 - Good

We evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement.

Staff had updated written assessments and support plans in advance of a planned transfer onto Nourish, a new electronic care planning system. Overall, the assessments informed associated support plans and risk assessments.

Staff had been trained, and hand devices were ready for use. Paper folders were created to help staff familiarise themselves with the layout and content. Staff were being supported to transition smoothly to digital planning, which should improve accessibility and consistency in the recording of people's plans and outcomes.

We sampled some of the plans and found they were detailed and written in a person-centred way with individual risk assessments and information about individuals' preferences, support needs, and important relationships. They showed evidence of updated goals and outcomes for people. This meant personal plans reflected people's identities and needs, supporting tailored and meaningful care.

People using the service and their relatives were encouraged to contribute to personal plans. There was evidence in the plans sampled of collaboration with families and professionals in care planning. Involving people and families promotes person-centred planning and shared decision-making.

Recent reviews had taken place for some people, with family involvement noted. However, not all reviews were completed within expected timescales and involving relatives. Reviews should be carried out consistently and on time to ensure people's needs are being met and to promote transparency and inclusive decision-making (see area for improvement 1).

We could see there was ongoing involvement for some people supported from a range of professionals such as psychiatry, physiotherapy, dietetics and speech and language therapy. Personal plans included appropriate information and referrals to relevant agencies. Multi-disciplinary input helps to support more holistic care and better outcomes for people.

Areas for improvement

1. To ensure individual support plans remain relevant and effective, personal plans should be reviewed at least every six months, or sooner if needed, to ensure they reflect current needs and preferences. People and their families or representatives should be consulted and invited to participate.

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) and "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

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 enhance people's quality of life, the service should ensure that people who use the service are consistently supported to participate in activities outwith the service that are meaningful to them.

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

"I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6) and "I can maintain and develop my interests, activities and what matters to me in the way that I like" (HSCS 2.22).

This area for improvement was made on 2 September 2024.

Action taken since then

There was evidence of people being actively involved in a range of activities and people consistently shared with us what they enjoyed doing. This was supported by evidence in personal plans, records, photographs and newsletters. Activity planning remained a focus for ongoing development in the service to further enhance people's wellbeing and personal outcomes.

This area for improvement has been met.

Previous area for improvement 2

To ensure that medication records are completed in line with best practice guidance, the service should ensure a record is completed to record the effectiveness for the administration of any medication prescribed on an 'as required' basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

This area for improvement was made on 2 September 2024.

Action taken since then

Since the last inspection, the service had introduced a 'PRN effectiveness chart' for staff to record the reason for administration and observed outcomes. Staff were using this tool to monitor the impact of any prescribed 'as required' medication administered. This monitoring was helping support the safe administration of prescribed medications to ensure it meets the intended outcomes for the individual.

This area for improvement has been met.

Previous area for improvement 3

The service should ensure that systems of quality assurance and audits are consistently completed and include, the actions taken to address the identified improvement, and a regular evaluation of progress made.

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 area for improvement was made on 2 September 2024.

Action taken since then

The service provider had introduced, for quality assurance, a new tiered governance model that involved staff at all levels, including support staff, managers and senior managers. When issues were identified, clear action plans were developed to address and report them. This helped ensure that improvements were driven by clear actions, enhancing service quality and staff involvement.

This area for improvement has been met.

Previous area for improvement 4

To support improvements to the service, the manager should ensure that quality assurance processes improve people's outcomes. This should include but is not limited to:

- a) developing a comprehensive service improvement plan that prioritises areas for development
- b) have a clear action plan for each area identified which demonstrates the effectiveness of the actions in improving the service.

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 area for improvement was made on 2 September 2024.

Action taken since then

A wide range of quality assurance actions have been identified to improve the service. The senior management team was working to consolidate these into a single Service Improvement Plan (SIP) that could be shared with stakeholders. We were assured by the management team and confident that this will be completed. This will help support transparency, accountability, and measure progress in enhancing outcomes for people using the service.

This area for improvement has been met.

Previous area for improvement 5

To promote people's wellbeing, the service should improve the living environment in the care home. This should include, but is not limited to, consulting people and their representatives around enhancing communal and private rooms to help develop a more personalised, homely environment.

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).

This area for improvement was made on 2 September 2024.

Action taken since then

There was good evidence of people supported being consulted and involved on environmental changes. This included choosing their own colour choices for individual bedrooms, the shared communal areas, and the selection of furniture and soft furnishings. Further consultation was planned ahead of the replacement of flooring in the service.

This area for improvement has been met

Previous area for improvement 6

To ensure that personal plans support good outcomes for people, the service should:

- a. ensure that each person's plan is reflective of them as an individual and their current care and needs
- b. ensure that evaluations are regularly recorded.

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) and "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

This area for improvement was made on 2 September 2024.

Action taken since then

The service was in the process of transitioning from paper to electronic personal plans. In the plans sampled, these reflected individual needs and showed improvement in how supports were being documented and evaluated. The move to digital personal care planning should help enhance the accuracy and responsiveness of care, supporting more person-centred outcomes

This area for improvement has been met.

Previous area for improvement 7

The service should further develop the personal plan audit process to monitor the accuracy of plans to make sure people's care is right for them and sets out how all aspects of their care and support needs will be met, as well as their wishes, goals and choices.

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) and "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 2 September 2024.

Action taken since then

There was evidence a lot of work had been carried out to prepare for the transition to the Nourish planning system, ensuring personal plans capture people's care needs, wishes, goals and choices. The new tiered governance model had been used to audit these plans. This preparation and oversight were helping ensure digital personal plans were accurate, person-centred and had been quality assured.

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

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
3.1 Staff have been recruited well	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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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