

## John Street House Care Home Service

38 John Street  
Kirkintilloch  
Glasgow  
G66 2HE

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**Type of inspection:**  
Unannounced

**Completed on:**  
14 July 2025

**Service provided by:**  
East Dunbartonshire Council

**Service provider number:**  
SP2003003380

**Service no:**  
CS2003000797

## About the service

John Street House is a small care home for 11 adults who have learning disabilities. At the time of the inspection there were 10 people living in the home. The service is located in a residential area of Kirkintilloch near to public transport links and some local shops. This service is operated by East Dunbartonshire Council.

The purpose-built building provides accommodation at ground level. There are two spacious lounge and dining areas, 11 en-suite bedrooms and three small kitchen areas. There is also a large kitchen that staff use to prepare meals for people.

## About the inspection

This was an unannounced inspection which took place on 9, 10, 11 and 14 July 2025. 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:

- spoke with five people using the service and one of their family
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- The home environment had improved significantly with a warm, welcoming atmosphere which was nicely decorated and maintained.
- People had experienced changes to the senior and management team with positive outcomes.
- People enjoyed busy lifestyles, pursuing their interests and hobbies and trying new things.
- People benefitted from a clean, homely and comfortable environment.
- Quality assurance processes were much improved and effective, and the home was well led.

## 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, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Residents' health and wellbeing needs were assessed by familiar and knowledgeable staff. Staff vigilance, combined with good working relationships with the Health and Social Care Partnership (HSCP), ensured that residents received safe and effective treatment and interventions.

Some examples of these were supporting a person's hormonal changes with a trial-and-error approach, supporting and monitoring a person's skin condition until the right treatment was sought. Additionally, the staff team had been working closely with the Health and Social Care Partnership (HSCP) to support and enhance people's mental and emotional wellbeing.

Staff development sessions had taken place with a psychologist who supported an individual living at the home. This proved to be invaluable in staff understanding the nature of the person's presenting behaviours. As a result, staff had changed the way they responded to the person with good outcomes.

A timetable of activity was evidenced in care plans and sampled, and also an overview was in place. This demonstrated when people were out and the opportunities in which they were participating. We noted people enjoying a variety of clubs that included music, walks and other activities they enjoyed. Journals recorded the wishes and preferences of individuals, and what they would like to do and be included in. We observed staff undertaking a hair and nail therapy with a person who clearly enjoyed this and was smiling and laughing throughout. This meant people were supported to be stimulated and motivated regularly.

People were thoroughly encouraged to move their bodies to benefit from physical activity. One example was supporting a person to lead on an exercise session and calling the session after their name. This encouraged and built confidence in people.

The service had a medication policy in place, and medication audits were carried out. We examined a sample of medication administration records and found that people had received the right medication at the right time in most cases. Where mistakes had taken place, the manager was made aware of these and corrective action put in place.

Meetings were held with people to discuss several topics such as gardening, holidays, and any other activities. The foodie group met to discuss menu planning and what foods people preferred. From observation, people were offered good portion sizes and ate well. People chose where they would like to eat. We noted that most of the men enjoyed sitting together to eat their meals. This encouraged the social aspect of people talking and motivated people to eat better.

We spoke to people to hear their experiences of living in the home; they said the following:

"My room has just been painted, it looks good."

"I like all the food."

"There's been lots of workman in fixing the place, its better."

"I've been doing the gardening, I will show you."

"Oh aye, the home is looking lovely, I have moved rooms, and I like my new one."

"I'm getting out more."

The above comments reflected the improvements that had been made and the positive impact this was having on people's lives.

### How good is our leadership?

**4 - Good**

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

Infection Prevention and Control (IPC) audits evidenced staff practice observations and correct hand hygiene being carried out. Mattress checks were carried out regularly to ensure they were fit for purpose and hygienic. A thorough action plan was in place that highlighted the environmental improvements that were needed. When work was completed, this was documented and dated. This ensured improvement activity was monitored and progressing to the deadlines set. Furthermore, people could be confident that their environment was clean and free from infection as much as possible.

The leadership had been strong since the previous inspection to drive change and improvements needed for the service. Systems had been put in place around the daily functioning and performance of the service. This included staff training, documents for evidencing completion of work and signatures to state staff had read and understood the subject. Care plans, staff observations of practice and cleaning schedules were audited to ensure the smooth running of the service.

There was a clear commitment to continuous improvement, with supportive senior managers having good oversight of service operations and performance. The visible, hands-on management style of the new management team was appreciated by staff. These approaches promoted effective staff practice and safeguarded those receiving care. Good monitoring and management of adverse incidents and events also demonstrated an improvement culture with a focus on reflection and learning.

Team meetings happened regularly to engage staff with up-to-date information on the service and to hear staff views. Staff felt proud and well supported by the manager regarding improvements to the home. There was an improved open culture and staff worked well together. Team morale had increased, which will no doubt had a positive impact on people experiencing care. This should continue to be embedded in the service.

A relative we spoke with advised that due to the improvements, "I can visit and get around the home much easier because of the new flooring; the manager and the staff are great, my son has come on so well."

Staff supervisions took place regularly, which meant that staff had the opportunity to discuss their work practice and development needs. Staff told us they found supervision beneficial and some had learned greatly from the manager's guidance.

## 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.

Staff were experienced and qualified and had been on recent training to enhance their skills. These included 'Trauma Informed and Positive Behaviour Support' training. As a result, staff had a better understanding of why they supported people in specific approaches for improved outcomes.

We noted staff were registered with the Scottish Social Services Council (SSSC) who raise standards and regulate the social work and social care workforce. Additionally, some staff had extra responsibilities or "champions" who promoted and advised on areas such as fire evacuation and safety, mental health, wellbeing, and artwork. This offered staff and people further insight and knowledge into these subjects.

We heard from staff that they were working well together and communication strategies had been put in place which had been effective. We heard how staff felt overwhelmed in the beginning at the new way of working and documenting; however, they had adapted well and now understood the benefits.

Staffing levels were on the whole good and sufficient; a few staff advised that more staff would be an advantage during some parts of the day. This was mainly to do with one person's support. I discussed this with the manager who stated that they had addressed with staff. It appeared this was more about the deployment of staff and how the shift was managed during these times. We were satisfied with this response.

Good practice indicators were shared amongst staff to improve on relationships with people and how best to support them. For example, staff who worked well with someone who presented with stress and distress shared how they de-escalated situations effectively or limited them happening in the first place. This contributed to people receiving consistent and effective care and support.

Agency staff continued to be used mostly on night shift. The service endeavoured to ask for the same staff to be sent to offer familiar faces to people experiencing care. Furthermore, the service continued to advertise for the vacant posts.

## How good is our setting?

4 - Good

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

During our walk round the building, we noted this to be clean and fresh. People were sitting in different areas of the home and staff were evident. There was a positive atmosphere with jokes and smiles being shared between staff and supported people.

New flooring had been laid which brightened the hallways. This ensured that spillages and debris could be easily cleaned and dried. People could be confident their environment was protected from the spread of infection as much as possible.

The home looked more homely with pictures and the décor improved. People's rooms looked brighter and continued to be individualised. One person had wanted a bigger room and this was accommodated and in

the process of being decorated.

The lounge areas were clutter free and new furniture purchased. Lounges had been moved around to make it more cosy and homely looking. People told us they liked the changes.

Cleaning schedules were in place and adhered to which consisted of specific areas being cleaned daily, weekly and monthly. Bed and mattress checks were part of the weekly bathroom cleaning schedule; these were evidenced and signed off by the manager. This contributed to limiting any cross-infection within the home.

All cleaning tasks undertaken indicated by whom and on which shift, and this included disinfection duties and frequently touched points such as doors, handles and switches. Hand washing audits evidenced this is done in pairs with use of the "magic" sparkle lotion that shows missed areas. This ensured the home had no malodour and was hygienic.

Maintenance records were in place and evidenced the monitoring and progress of work needing carried out. The refurb of the home had been ongoing since the previous inspection and was still in progress. The service had accomplished a significant amount of work with all hands on deck. This meant people lived in a pleasant, homely environment.

Regular meetings had been taking place with the Facilities team managers and the home manager. These have proved to be beneficial to improving staff practice and a more joined approach was adopted. We noted that there was still some further works to be completed such as three baths to be installed and a shower, and upgrade of the laundry area and fob key entrance to be installed. These actions were planned to be completed as funding had been agreed.

## 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.

Care plans had improved significantly to be individualised, and person centred. There was good detail about people both historically and up-to-date information. Pictures of people throughout the plan reflected different parts of people's support needs. This brought the plans to life and made it more user-friendly to the person involved.

Records showed that staff knew individual residents well. People benefitted from care and support planning that was tailored to their assessed needs. Overall, we found that care plans had been evaluated in an outcome focussed way that reflected the impact of planned care on people's experiences.

Reviews of care plans were in place detailing where the person was in meeting their outcomes. It planned ahead with goals to be progressed or achieved over the next six months. Welfare Guardians were included in the review meetings where necessary, to ensure people had the right advocacy and representation.

Risk assessments were in place and appropriate enabling people to participate in activities safely and to reduce any harm for people and others. These should be reviewed six-monthly or as and when required. This would support that people's health and safety needs are always up to date.





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

### Requirements

#### Requirement 1

By 8 July 2025, the provider must ensure people have a personal plan which sets out how their health, welfare and safety needs are to be met. These must be reviewed at least every six months, or if there is a significant change.

This is to comply with Regulation 5 (1) and (2) (b) 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); and  
'My care and support meets my needs and is right for me' (HSCS 1.19).

**This requirement was made on 11 March 2025.**

#### Action taken on previous requirement

Care plans were redone and updated to make them person centred and current. Reviews were in place and evaluated the care plan in an outcome focussed way.

**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

The provider should ensure people's wellbeing is supported through regular and planned activities. Group and one-to-one activities should promote positive outcomes for people and meet people's individual choices, wishes and preferences. These should be clearly documented within people's personal plans.

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).

**This area for improvement was made on 11 March 2025.**

## Action taken since then

People's health and wellbeing had improved as a result of increased and individualised activities. Care plans reflected the hobbies and activities people enjoyed participating in. The manager had an effective overview of each person's participation on outings and other activities. This ensured all people had the opportunity for mental, physical and emotional stimulation.

**This area for improvement was met.**

## Previous area for improvement 2

The provider should ensure quality assurance processes and audits are in place to support continuous improvement across all areas of the service. Improvement plans and actions should be in place and reviewed timeously to ensure improvements are made and embedded within the care home.

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 11 March 2025.**

## Action taken since then

Quality assurance audits had increased and were taking place on a daily, weekly and monthly basis. This involved seniors and staff so accountability reflected all staff roles. The manager checked and monitored the audit outcomes ensuring there were actions plans to be completed.

**This area for improvement was met.**

## Previous area for improvement 3

The provider should include feedback from people and use general observations to support decision making around the assessment of staff numbers. This is to ensure responsive care can be provided to all people throughout the day and night. This should take into account the changing needs of people, layout of the building, social opportunities and activities, and be used to inform staffing rotas.

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

'People have time to support and care for me and to speak with me' (HSCS 3.16); and  
'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

**This area for improvement was made on 11 March 2025.**

**Action taken since then**

We saw evidence of how the manager worked out the number of staff needed to be on according to what people's activities and needs were. There was one issue with a person we felt needed reviewed regarding their support. However, the service manager and manager agreed to action this at feedback.

**This area for improvement was met.**

**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?	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
3.3 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

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