

## Eastfields Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
11 August 2025

**Service provided by:**  
The Disabilities Trust

**Service provider number:**  
SP2009010322

**Service no:**  
CS2021000346

## About the service

Eastfields is a registered care home for adults living with acquired brain injury. The service has capacity to support up to 24 people. The provider is The Disabilities Trust.

Eastfields is located in the Springburn area of Glasgow and is close to local shops, amenities and public transport. The service was made up of three separate bungalows, all located on the same site - Bluebell, Hawthorn, and Thistle. Accommodation is varied, as some people live in self-contained flats whilst others have large en-suite bedrooms and share communal living spaces, kitchens and dining rooms. Each house has gardens and outdoor spaces for people to use. There were 22 people living at the service during our inspection.

Support is individually tailored to meet the assessed needs of people, and people have on-site access to professionals from psychology and occupational therapy.

## About the inspection

This was an unannounced inspection which took place on 8, 9, 10 and 11 August 2025. The inspection was carried out by one inspector 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 seven people using the service and two of their families
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People and their families were mostly satisfied with the care and support provided.
- Individuals were supported to make informed choices in their daily lives.
- A committed staff team, familiar with people's needs and preferences, contributed positively to their experience.
- Care review dates needed improvement to take place six-monthly.
- Senior management acknowledged areas within the service that needed development.
- The physical environment needed significant improvement due to issues with décor and Infection Prevention and Control standards.

## 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?	3 - Adequate
How well is our care and support planned?	5 - Very 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.

Strong and effective links had been established between the provider and the local health and social care partnership (HSCP). Through this collaboration, individuals' needs had been identified and addressed in ways that supported the achievement of positive outcomes.

An intensive multidisciplinary team support network such as occupational therapists, psychologists and psychiatrists had been provided to individuals experiencing care. As a result, early intervention and support had been managed through the easy access of services. This approach had been linked with improved health and wellbeing outcomes.

It was noted that, in a few cases, individuals who would have benefitted from additional support, particularly in relation to stress and distress, had experienced delays in receiving extra support. Consequently, opportunities to engage in activities that promoted mental and physical wellbeing had been missed. However, at the time of inspection, a referral had been to the Health and Social Care Partnership (HSCP) for extra one-to-one support for an individual.

Staff employed creative approaches to support individuals experiencing stress and distress. They drew on their knowledge of each person's needs, including effective de-escalation strategies, and adapted their methods when agreed approaches did not work.

Staff actively promoted independent living skills wherever possible. Inspectors observed individuals completing laundry tasks, such as washing and hanging clothes, and receiving support with other aspects of daily living. This meant people could maintain their independence and build their confidence.

Individuals accessed outdoor areas, including patio gardens connected to rooms and flats. We noted that these spaces required improvement and landscaping to provide more stimulating views and a functional garden environment. These improvements were addressed under key question 4 of the inspection.

Individuals participated in outings and shopping activities with staff support. In some cases, staff used the home's minibus to support access to community activities, which we observed. While many individuals responded positively to questions about their experience of living in the home, a few expressed boredom, or dissatisfactions, often due to missing their previous homes. Staff responded with sensitivity and used early intervention strategies such as diversion and other activities when people expressed these feelings.

Staff and occupational therapists facilitated in-house activities and games, which individuals enjoyed. These activities provided mental stimulation and added a social dimension to the day, particularly in communal areas.

Inspectors noted that individuals did not have access to call alarm systems to notify staff when they needed assistance. Staff relied on individuals calling out, which was not always possible. For example, one individual with specific medical needs was observed coughing and appearing to be in discomfort. We had to seek care staff directly. This situation could have been distressing for the individual and left them at risk of harm. We recommended the manager completed risk assessments for all people and issue call alarms to

individuals who are unable to summon help independently (see area for improvement 1).

Most relatives provided consistently positive feedback. Care Inspectorate survey responses ranged from "agree" to "strongly agree," with only a few negative comments relating to limited opportunities for outings and feelings of boredom. Respondents described communication from the care team as excellent, and a couple felt this could be better.

Several individuals expressed interest in reintroducing the 'family and friends' support group which the management team had been discussing. The management team were described as approachable and responsive to concerns.

We observed that some staff used language that lacked respect and professionalism, such as referring to stress and distress responses as "kicking off" and "calm down". A review of terminology is recommended to ensure communication remains respectful, appropriate, and aligned with professional standards.

Staff delivered handovers clearly and included relevant detail regarding individuals' wellbeing, reflecting effective communication. However, documentation of food and hydration intake was not consistently maintained, which may impact the ability to monitor nutritional needs accurately.

Staff actively supported individuals seeking to lose weight by facilitating access to slimming clubs and promoting healthy eating options. This proactive approach enabled people to make informed lifestyle choices, contributing positively to their health and wellbeing outcomes.

Staff demonstrated a good understanding of the International Dysphagia Diet Standardisation Initiative (IDDSI) and correctly identified the appropriate levels for individuals. However, the presentation and plating of meals served by staff did not consistently reflect best practice. Enhancing this aspect would significantly improve the dining experience by promoting dignity and enjoyment, particularly for individuals on modified diets (see area for improvement 2).

Medication was administered in a manner that prioritised both safety and timeliness. Regular reviews were conducted to ensure that each individual's medication regimen remained appropriate and responsive to their ongoing needs.

## Areas for improvement

1. To support people's health, safety and wellbeing, the manager should complete individual risk assessments for all residents and issue appropriate call alarm systems to those who are unable to summon help independently. This will help ensure that care is responsive, safe, and respects the dignity and wellbeing of each 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); and 'I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment' (HSCS 1.22).

2. To support people's health and wellbeing, the service should enhance the presentation and plating of texture-modified meals to better reflect best practice and uphold the principles of dignity and respect. This

could include:

- (a) using food moulds or shaping tools to present meals in a more recognisable and appetising form
- (b) ensuring components of the meal are visually distinct and attractively arranged
- (c) incorporating colour contrast and garnishes where appropriate to improve visual appeal.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

## 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.

The management team conducted various audits and implemented quality assurance systems to ensure service compliance. These processes fostered accountability within the senior and management team. However, their effectiveness was limited by a lack of clarity regarding audit criteria. For instance, Infection Prevention and Control (IPC) issues were not identified during audits. Audit outcomes were subsequently submitted to the manager for sign-off, despite these oversights (see area for improvement 1).

The manager demonstrated a clear understanding of the areas needing improvement within the service and took proactive steps to implement changes within the scope of her authority. Notably, enhancements were made where feasible, reflecting a commitment to continuous improvement. However, certain challenges, such as environmental constraints and the retention of maintenance staff, were more difficult to direct and influence. This indicated that broader organisational support was needed.

The management team demonstrated a supportive working relationship that fostered a culture of openness and transparency. This positive dynamic was consistently reflected in staff feedback, with care staff reporting that leadership was compassionate and genuinely committed to enhancing the quality of life for individuals under their care.

Feedback from individuals using the service and their families indicated a high level of confidence in the manager's approachability and responsiveness. Stakeholders consistently reported knowing who to contact and expressed trust in the manager's ability to address concerns effectively. This suggests a positive culture of openness and accountability within the service.

There was clear documentation of a complaint being managed in a timely and transparent manner, from initial receipt through to resolution. The outcome led to tangible changes in staff practice, demonstrating a reflective and learning approach to service delivery. An apology was appropriately issued to the individual and their family, reinforcing the service's commitment to respectful and person-centred care.

Visiting professionals provided positive feedback, noting that the manager was proactive, approachable, and easy to contact.

## Areas for improvement

1. To ensure quality assurance processes are meaningful and understood by auditors the manager should:
  - (a) recommend targeted training for staff involved in audits to improve understanding of compliance standards and inspection priorities
  - (b) encourage a secondary review process for audit outcomes before sign-off to ensure accuracy and completeness
  - (c) implement systems for tracking and verifying that identified issues are addressed and resolved within set timeframes.

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?

**4 - Good**

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

Most staff reported feeling supported in their roles and found team leaders and the manager approachable at all levels. Staff generally felt they received good inductions and training when they first started, which helped them understand their responsibilities and carry out their roles effectively. However, some staff, particularly bank and night shift workers, felt that training beyond induction could be improved to enhance their knowledge and confidence during shifts.

Most staff received regular supervision, which contributed positively to oversight and professional development. However, some team leaders reported that time constraints limited their ability to conduct supervision sessions consistently. This led to some frustration among team leaders who were keen to use supervision as a tool to improve staff practice and maintain service standards.

Despite the lack of formal supervision in some cases, staff reported receiving informal support and guidance as needed. While this informal approach helped maintain communication, it lacked the structure and accountability necessary for effective performance management and professional growth.

While the existing supervision framework is broadly effective, its inconsistent application limits its potential to support staff development and maintain high standards of care. Ensuring that all staff have regular, protected time to formally discuss their workload, challenges, and development needs is essential (see area for improvement 1).

Team meetings were not arranged or conducted regularly, which limited formal opportunities for staff to engage in service-wide discussions, share learning, and receive peer support. In the absence of structured meetings, staff relied on emails and updates sent to their handsets to stay informed. While digital communication ensured the sharing of essential information, it lacked the interactive and reflective parts of

face-to-face meetings. This reduced opportunities for shared problem-solving, open dialogue, and shared ownership of service improvements (see area for improvement 2).

The service made use of agency staff across the home to support operational demands. To promote continuity and minimise disruption to resident care, the service consistently engaged agency workers who were familiar with the home and its routines. This approach helped ensure that residents experienced consistent interactions with staff, which supported their comfort and sense of security. Agency staff spoke positively about the service, commending the professionalism of the nurses and management team, and confirmed they received appropriate support when needed.

Permanent staff reported strong team connection and co-operation. They described positive working relationships and a shared commitment to delivering high-quality care. This team approach contributed to a supportive environment, which was observed to have a direct and beneficial impact on residents. People using the service appeared more at ease and engaged, suggesting that the stability and positivity among staff contributed to improved emotional wellbeing and overall quality of care.

## Areas for improvement

1. In order to establish a more consistent and structured supervision schedule, the manager, should ensure all staff receive timely and meaningful support, with adequate time allocated for reflection, feedback, and development planning.

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' (HSCS 3.14).

2. To ensure individuals consistently benefit from the care and support provided by staff, it is important that team meetings are held regularly. These meetings enable staff to share critical information, reflect on practice, and exchange ideas, fostering a culture of continuous improvement and collaborative learning.

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

'I experience a warm atmosphere because people have good working relationships' (HSCS 3.7); and 'My care and support is consistent and stable because people work together well' (HSCS 4.17).

## How good is our setting?

### 3 - Adequate

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The home provided a spacious and inclusive layout designed to support comfort and accessibility for all residents. Communal areas included a large lounge, a smaller lounge, and dedicated dining spaces, fostering social interaction and a sense of community.

Accessibility was a key feature, with widened doorways enabling wheelchair users to move freely and



independently throughout the home. Underfloor heating ensured a consistently warm environment; however, some rooms and offices experience elevated temperatures, requiring the use of portable air conditioning units to maintain comfort. The service should consider permanent solutions for temperature regulation in warmer areas.

Natural light was abundant in both lounges and bedrooms, contributing positively to residents' mood and overall wellbeing. Each resident also had access to a private, fenced patio garden, offering opportunities for outdoor engagement and personal space. Some people had self-contained flats within the home. This offered the opportunity for people to maintain their independence as much as possible.

A dedicated kitchen area supported the efficient delivery of meals from the main kitchen, helping to meet residents' nutritional needs in a timely manner. The general atmosphere of the home was welcoming, benefitting both residents and staff.

Despite the overall cleanliness, some areas required significant attention to meet infection control standards. For example, cushions in one lounge were found to be worn and contaminated and a stained bed sheet was observed in one resident's room. These were removed immediately by the staff. These issues presented hygiene risks and should be addressed promptly. Furthermore, scraped handrails, scratched room doors and holes in walls required to be painted and repaired to offer safety, dignity, and respect to people (see requirement 1).

Certain parts of the home lacked decorative elements and personal touches, which may impact emotional wellbeing. While individual needs may limit traditional décor, alternative approaches such as sensory-friendly artwork or resident-led decoration projects should be considered to enhance the homely feel.

Staffing concerns were noted, particularly in the maintenance department. Recent maintenance staff turnover had left the workload too demanding for one person. Previous maintenance staff recommended employing at least two maintenance personnel to adequately meet the home's operational needs. As yet, this has not been achieved although the service is actively recruiting.

The garden areas also presented an opportunity for improvement. Introducing therapeutic gardening activities, such as vegetable growing, could support residents' mental health by fostering a sense of purpose, confidence, and social interaction. Creating accessible, engaging outdoor spaces and structured gardening activities would contribute to a more holistic and person-centred care environment (area for improvement 1).

## Requirements

1. By 23 February 2026, the provider must ensure that people are safe and protected by being proactive in ensuring that systems and resources are in place within an environment that is well-maintained and supports 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 (CH IPCM)

(b) ensure the care home environment, furnishings, floor coverings and equipment are kept clean, tidy and in a good state of repair

(c) maintain concise and clear records of all repairs reported and completion dates

(d) implement robust environmental auditing and demonstrate that any issues have been resolved.

This is in order to comply with Regulations 3, 10(2)(b) 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 enhance the environment's contribution to residents' physical and mental wellbeing, the provider should implement structured individual gardening programmes and create therapeutic outdoor spaces. These initiatives should enable residents to actively participate in planting and maintaining garden areas, promoting engagement, independence, and emotional wellbeing.

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

'I experience a high quality environment if the organisation provides the premises' (HSCS 5.1).

## How well is our care and support planned?

**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.

Support planning was consistently of a very high standard. Plans were regularly updated and effectively informed staff approaches to care and support. Staff demonstrated a strong understanding of individual needs, and their commitment to following care plan guidance. This contributed significantly to the successful management of people's stress and distress experiences. Proactive strategies were in place to respond to trigger warnings, and staff showed great initiative in thinking creatively de-escalate situations.

Where individuals were unable to express their wishes and preferences, those with legal authority and family members were appropriately consulted and involved in the development of care plans. This ensured that plans remained person-centred and reflective of the individual's best interests.

Risk assessments were comprehensive and clearly outlined how individuals could be supported to mitigate risks across relevant areas of their lives.

Care plan reviews were generally conducted within the required six-month timeframe; however, some fell outside this period. It is recommended that the manager maintain a clear overview of review schedules and ensure that staff are supported to complete these in a timely manner.

The involvement of the multidisciplinary team in care plan reviews added valuable depth and insight,

offering a holistic view of each person's progress. However, it was noted that individuals were not consistently involved in their own reviews. In some cases, this was attributed to the sensitive nature of the discussions, which may have triggered stress or distress responses. Staff should find creative ways for people's voices to be heard at their reviews regardless of any obstacles.

## 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 promote people's wellbeing, the provider should adopt a more person-centred approach to support planning. This should include, but is not limited to, ensuring that people's life histories, likes and dislikes, and what is important to people are recorded. Plans should capture how people want to be supported in their daily routines, with specific and personalised detail, that reflects their wishes.

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 5 June 2024.**

#### Action taken since then

Support plans had become more person centred, now reflecting individuals' life histories, preferences, and values. This improvement ensured plans were more tailored and aligned with what mattered most to each person.

**This area for improvement was met.**

#### Previous area for improvement 2

To promote people's wellbeing, the service should develop a comprehensive improvement plan. This should include, but is not limited to, creating a dynamic tool that highlights how the service could improve, taking into consideration the views of people, staff, internal and visiting professionals, and management quality assurance. This should help guide further and sustained improvement in 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 5 June 2024.**

**Action taken since then**

The service completed a development plan which considered people experiencing care and staff as well as the improvements to the service and environment. This document should continue to develop in the areas of improvement.

**This area for improvement was met.**

**Previous area for improvement 3**

To promote people's wellbeing, the service should improve its approach to staff development. This includes, but is not limited to, improving the quality and frequency of staff supervision meetings to meet the provider's supervision policy, and introducing regular observations of staff practice.

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' (HSCS 3.14).

**This area for improvement was made on 5 June 2024.**

**Action taken since then**

While some staff have benefitted from an increase in formal supervision sessions, others have not had the same opportunity due to time constraints. It is essential that all staff are provided with equitable access to meet with their line managers to discuss work-related matters and support their professional development.

**We have repeated this area for improvement.**

**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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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