

Hunterhill Care Home

Care Home Service

Blackford Road
Paisley
PA2 7EN

Telephone: 03003 000 021

Type of inspection:
Unannounced

Completed on:
15 August 2025

Service provided by:
Renfrewshire Council

Service provider number:
SP2003003388

Service no:
CS2006121927

About the service

Hunterhill Care Home is registered to provide support to 60 older people. Some of the people who live in the home have cognitive impairments and/or dementia. The provider of the service is Renfrewshire Council.

The care home is purpose-built to offer accommodation in five separate units over two floors, which are referred to as 'houses'. All bedrooms within the service have access to ensuite facilities. There are shared lounges, dining rooms and adapted bathrooms and shower rooms on each floor. The garden is accessible via the ground floor and is enclosed at the rear of the home. Balconies on the upper floor area offer additional outdoor space.

The service is located in a residential area of Paisley near local amenities including shops and bus routes.

Forty nine people were living in the home during the inspection.

About the inspection

This was an unannounced follow-up inspection which took place on 14 August 2025 between the hours of 09:30 and 19:00. 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, complaints, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with:

- four people using the service
- four staff and management
- one visiting professional.

Key messages

- We followed up on a requirement made at the last inspection, this has not been met. We have agreed to extend the timescale for this.
- We followed up on three areas for improvement made at the last inspection, one has been met and two were not met.
- The introduction of hydration and snack stations promoted independence and choice.
- The expansion of meal options has enhanced people's dietary variety.
- Quality assurance audits were taking place and well-intentioned, but limited by inconsistent follow-up and consistency of use.

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

Requirements

Requirement 1

By 30 July 2025, the provider must ensure that people experiencing care live in a service which is well led and managed, by having a consistent focus on improvement and quality assurance processes. To do this, the provider must:

- a) ensure regular quality assurance systems and checks are conducted to evaluate and monitor service provision, including, but not limited to; care planning, training compliance, environment and maintenance, staff arrangements and mealtime experiences. Actions identified should link to the wider service improvement plan.
 - b) carry out robust risk assessments, where any quality assurance checks highlight where people may be at risk of harm. This includes where environmental hazards are identified, and whilst awaiting any necessary repairs and maintenance.
 - c) ensure that robust arrangements are in place to review, investigate and respond to significant events, including protection incidents when things have gone wrong in the service.
- and;
- d) ensure notifications are made to the Care Inspectorate within the timescales set out in the guidance "Adult Services: Guidance on records you must keep and notifications you must make, March 2025".

This is to comply with Regulation 4(1)(a) (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 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) and "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14).

This requirement was made on 13 June 2025.

Action taken on previous requirement

The manager of the service now has full overview of all accidents/incidents to review, investigate and respond to adverse events. We sampled accident/incident reporting and found that while some were appropriately followed up with clear actions taken, others were not. This included incidents, such as unexplained bruising and a fall resulting in injury. This meant we were not always able to determine where any additional preventative measures were considered or implemented to reduce the likelihood of harm. Some accidents/incidents were either not notified to the Care Inspectorate or reported via internal

accident/incident reporting systems. This highlighted the need for improved consistency in reporting and clearer guidance for staff. While improvements have been made around notifiable events, gaps in reporting suggest that systems for monitoring and follow-up still need improvement.

A range of audits were in place, including care plan audits, environmental walkarounds, dining experience audits, and medication checks. While these tools were being used, some audits sampled lacked consistent follow-up and clear timescales for action. For example, the care plan audit tool had been improved to include corrective actions, but the process was not yet fully started, and some actions remained incomplete. The management audit had been re-developed, however, this had only been implemented recently. Four dining room audits were completed in August, these were designed to evaluate people's meal time experiences. However, these were not completed as intended and it was clear that staff needed additional support to use these in a meaningful way. We concluded that while audit activity was taking place and well-intentioned, this was limited by inconsistent follow-up and consistency of use to fully measure the intended effectiveness in driving improvement.

The manager now had access to training records for all staff to ensure that staff remained up to date with essential training. The provider recognised the need for a more efficient system to support training compliance and planning, and this was in the design process.

Monthly reviews of individual dependency levels were used to inform staffing arrangements, however, these required further development as discussed further in the report under "outstanding areas for improvement". These were shared with the manager for oversight. We discussed the benefit of adding a section to evidence management input and decisions made regarding staffing adjustments.

Overall, while we found that some improvements have been made, further progress and time is needed to move forward in other areas and embed practice. **This requirement has not been met and we have agreed to extend the timescale to 16 November 2025.**

Not met

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 ensure that people are supported well with their nutrition and hydration, the provider should ensure mealtimes are facilitated to support people's choice and enjoyment. Food options should cater for people with specialised diets and preferences including but not limited to, their religious and cultural beliefs, personal lifestyle choice and any known allergies. Independent access to snacks and fluids should be made available.

This is to ensure that the quality of care and support provided is consistent with the Health and Social Care Standards (HSCS) which states that: "My meals and snacks meet my cultural and dietary needs, beliefs and

preferences." (HSCS 1.37) and "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSCS 1.33).

This area for improvement was made on 19 May 2025.

Action taken since then

We observed that snack and 'hydration stations' had been introduced across all of 'homes' in the service. These enabled independent access to snack and fluids throughout the day. Snack baskets were available and monitored for people who may be at risk of overeating. In some cases, people were seen pouring drinks for others, which added a sense of purpose and social connection.

A recent review of meal choices included a taster session involving people from another local authority care home. During this session, 10–12 meals were trialled to help develop a list of alternative pre-prepared dishes. As a result, new options were introduced, including 10 main meals, lighter choices, and three vegetarian options. These alternatives were available daily, providing choices were communicated to kitchen staff timeously. We discussed with managers how this requires improved planning and coordination from care staff to ensure residents are supported to make informed choices earlier in the day. The expansion of meal options has enhanced people's dietary variety and nutrition.

This area for improvement has been met.

Previous area for improvement 2

To enhance decision-making used to inform responsive care and support, the provider should ensure that records relating to people's health and wellbeing are clearly tracked and monitored. This includes, but is not limited to; setting daily fluid intake targets for people who require support to remain hydrated. Records of actions required and follow-ups discussed during daily handover meetings should be made and shared with essential staff.

This is to ensure that the quality of care and support provided is consistent with the Health and Social Care Standards (HSCS) which states that: "My future care and support needs are anticipated as part of my assessment." (HSCS 1.14) and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm." (HSCS 3.21).

This area for improvement was made on 19 May 2025.

Action taken since then

Fluid charts now include daily intake targets to help staff monitor people's hydration. Night staff total the previous 24 hours' intake and pass this to morning staff, who start new charts and flag anyone who may need closer monitoring.

We reviewed fluid records for people who required additional monitoring to remain hydrated. Some records had clear, complete records with daily totals and targets met, while others were incomplete, with no totals and targets not met. Where records were complete, people were more likely to stay well hydrated. Incomplete records risk people not getting enough fluids, which could affect their health.

While some improvements are evident, consistent practice is needed. Staff must stay vigilant to ensure everyone receives the right support. Ongoing monitoring will continue to help embed good practice and improve outcomes for people.

This area for improvement has not been met.

Previous area for improvement 3

To ensure people have sufficient support with their planned care and to promote meaningful engagement, the provider should ensure the right number of staff are available at the right time to provide people with safe and consistent support.

This is to ensure care and support is consistent with Health and Social Care Standard "My needs are met by the right number of people." (HSCS 3.15) and "People have time to support and care for me and to speak with me." (HSCS 3.16).

This area for improvement was made on 19 May 2025.

Action taken since then

A monthly dependency tool was completed for each 'house' in the service. This was used to calculate people's level of need and used to inform staffing levels. The tool calculated available care hours by deducting time for staff breaks, training, and supervision from the total staff hours. This determined the core staff hours required.

Another section of the tool was used to support decisions around staff deployment and skill mix. The purpose of this was to consider where staffing levels may need to be increased at peak times in the day, when people's needs had changed and required closer monitoring. This is to ensure staff arrangements are aligned with the Health and Care (Staffing) (Scotland) Act 2019. However, in three of the 'houses' this section had not been completed since April or May. This meant we were unable to determine whether staffing arrangements were appropriate for people's assessed care and support.

Further development was required to ensure that all senior staff were confident in using the dependency tool to evidence decisions about staff deployment. While the manager had provided targeted support to one senior member of staff, similar input was required for all staff responsible for completing the tool each month. We suggested that a section be added to the tool to support managerial oversight, enabling managers to comment on the appropriateness of current staffing arrangements and identify where adjustments may be required. This would ensure management's overall oversight of staffing arrangements.

This area for improvement has not 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.

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