

## Oakview Manor Care Home Care Home Service

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Glasgow  
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**Type of inspection:**  
Unannounced

**Completed on:**  
24 October 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 servery areas available on each floor.

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

There were 57 people using the service at the time of the inspection.

## About the inspection

This was an unannounced follow up inspection which took place on 24 October 2025 between 13:00 and 20:00. The inspection was carried out by two inspectors from the Care Inspectorate. This inspection was to follow up on two of the requirements made at the previous inspection on 19 August 2025. 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 residents and one visiting relative.
- Spoke with staff and management.
- Observed practice and daily life.
- Reviewed documents.

## Key messages

- Since the last inspection senior management had been supporting the service to make improvements as identified at the last inspection.
- The registered manager had recently resigned at the end of September 2025, therefore senior management were now managing the service on a day-to day basis whilst they were recruiting to fill the position.
- Improvements had been made to ensure that people were supported to have food and drink that met their needs and wishes.
- People could now be assured that systems and resources were in place to support good infection prevention and control.
- Staff we spoke to told us that felt well supported by senior management and were encouraged by the improvements that had been made so far.

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

### Requirements

#### Requirement 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 one 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).

**This requirement was made on 19 August 2025.**

#### Action taken on previous requirement

Improvements had been made to ensure that people were supported to have food and drink that met their needs and wishes.

Most staff had received training on food fortification and how to support people who were at risk of malnutrition, with other training dates planned for those that had not yet attended a session.

We sampled care plans and supporting documentation for people who were at risk of malnutrition and found that whilst some improvements had been made, these were not yet consistently in place.

We sampled care plans and supporting documentation for people at risk of skin breakdown and found that improvements have been made and that management had an overview of this.

Whilst this requirement has been met, we will follow up on part c) on our next inspection when we will be assessing requirement 4, to ensure that care plans and food and fluid charts are being consistently completed.

### Met - within timescales

#### Requirement 2

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).

**This requirement was made on 19 August 2025.**

#### Action taken on previous requirement

This was not assessed during this inspection.

#### Not assessed at this inspection

#### Requirement 3

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).

**This requirement was made on 19 August 2025.**

## Action taken on previous requirement

People could now be assured that systems and resources were in place to support good infection prevention and control (IPC).

Staff had completed inhouse training modules on IPC and we did not observe any practice that concerned us.

We found the care home environment to be clean, tidy and bedrooms were without any malodour. Alongside this requirement, the provider was working through the area for improvement to ensure that people experienced an environment that was well looked after. The third floor of Caledonia Unit was currently being worked through and there remained a strong malodour in the corridor. We were assured by the provider that corridor flooring was planned to be replaced as soon as the all the other refurbishment work on that floor was completed. We will monitor this at our next inspection.

Housekeeping staff were working through new cleaning schedules and management had audits in place to drive improvements.

## Met - within timescales

### Requirement 4

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).

**This requirement was made on 19 August 2025.**

**Action taken on previous requirement**

This was not assessed during this inspection.

**Not assessed at this inspection**

## 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 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).

**This area for improvement was made on 19 August 2025.**

**Action taken since then**

The provider was in the process of changing from a paper to an electronic medication management system. We will assess this at our next inspection.

#### Previous area for improvement 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).

**This area for improvement was made on 19 August 2025.**

**Action taken since then**

The service was working through this with care staff and the local "Caring for Smiles" project. We found toothbrushes to now be hygienically stored and will assess this fully at the next inspection.

#### Previous area for improvement 3

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).

**This area for improvement was made on 19 August 2025.**

#### Action taken since then

Currently the regional management team had assumed responsibility for the management of the service. They were in the process of familiarising staff, people and their families with the complaints and concerns process.

We will assess this at the next inspection.

#### Previous area for improvement 4

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).

**This area for improvement was made on 19 August 2025.**

#### Action taken since then

The provider was currently recruiting for staff and in the meantime were using agency staff to supplement the staff team. We will assess this at the next inspection.

#### Previous area for improvement 5

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).

**This area for improvement was made on 19 August 2025.**



**Action taken since then**

The provider had an action plan in place, which they were working through to support staff to complete all refresher training. We will assess this at the next inspection.

**Previous area for improvement 6**

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)

**This area for improvement was made on 19 August 2025.**

**Action taken since then**

The provider had completed a room by room audit and were in the process of working through this. Work had started in bedrooms and ensuites and people spoke positively of the improvements.

We will assess this at the next inspection.

**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).

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