

West View (Monreith) Ltd Care Home Service

St.Medan's New Road
Monreith
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Telephone: 01988 700 577

Type of inspection:
Unannounced

Completed on:
30 September 2025

Service provided by:
West View (Monreith) Ltd

Service provider number:
SP2003002547

Service no:
CS2003010849

About the service

West View (Monreith) Ltd is a care home for older people situated in a quiet rural setting at the edge of Monreith, Dumfries and Galloway. The service provides care for up to 12 people.

The provider is West View (Monreith) Ltd.

The service provides accommodation in a domestic style home over two floors; these are accessed by stairs which also have a stair lift. All bedrooms are single occupancy; six of these rooms have en suite toilet and wash hand basin facilities. There are shared communal bathrooms, offering people bathing facilities on both floors.

There are two sitting rooms on the upper floor which have dining areas. The lower floor has a sitting room and conservatory which leads to a patio area and an accessible and well-maintained garden. The home has extensive countryside views. Car parking is available for people visiting the home.

At the time of inspection, 11 people were living in the care home.

About the inspection

This was an unannounced inspection which commenced on 24 September and continued on 25 September 2025 between 10:15 and 17:00 hours. We provided inspection feedback on 30 September 2025.

The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection, we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

To inform our evaluations we:

- spoke with 11 people using the service and received feedback via our survey from one person
- spoke with one relative and received feedback via our survey from five relatives
- spoke with nine staff and management
- received feedback from two visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Staff displayed kind and caring interactions with people.
- Consultation took place with the community health teams to support people's health needs.
- People benefitted from a consistent staff team who worked well together.
- The environment was comfortable and homely.
- People's personal plans should be further developed.
- The provider met three previous areas for improvement. We have extended the requirement timescale in relation to quality assurance and continued one area for improvement. We have made a further two areas for 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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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; there were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences.

To understand how well the service were performing, we spent time talking with people who lived in the care home and received feedback from family members. People told us: "Staff are skilled, experienced and compassionate and a fantastic support network," and "The team are always very welcoming, it is clear staff know their residents well and person-centred care is at the heart of what they do." Overall, people spoke positively about the service and the staff team.

Care and support was provided by a regular staff team who responded to people's needs and requests respectfully. We observed staff using their knowledge to deliver care with warmth and kindness. Positive relationships with the staff team had a positive impact on people's wellbeing.

Visitors were welcome within the care home; the size of the home and use of shared lounges enabled daily interactions and companionship among people who lived there and the staff team. The rural location and longstanding relationships enabled person-centred conversations. People were supported to take part in activities within the home, as well as spending time attending community services or walking within the area. We signposted the provider to the Care Inspectorate's Meaningful Connections resources. We have reported on meaningful activities under, 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

People had personal plans in place which provided details on how to support people in a safe and consistent way. All personal plans were now recorded electronically using a Person-Centred Software Digital Care Planning System (PCS). Staff used a handheld smart device to access people's personal plans and recorded the support they had provided for people during their shift. This gave staff a quick access to people's information and guidance.

The provider had improved the management of medication within the service, and we have reported on this under, 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Staff were good at monitoring people's health and wellbeing, and they quickly passed on any concerns to healthcare professionals. The advanced nurse practitioner visited the care home on a weekly basis, visiting people and providing advice to the staff team. People were supported to attend appointments. Staff worked well with local health teams, and visiting professionals who provided positive feedback. This supported people to stay as healthy as possible, both physically and mentally.

People benefitted from a choice of meals which were freshly made, good quality and well presented. Staff were knowledgeable of people's dietary likes and dislikes and had purchased people's preferred condiments and brands. People could choose where they had their meals and staff were available to assist. Drinks and snacks were offered throughout day, including fresh fruit and home baking. This supported people with their nutrition and hydration.

How good is our leadership?**3 - Adequate**

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The provider, who was also the registered manager, maintained a strong presence within the care home and was actively involved in its daily operations. This hands-on approach ensured effective oversight and a clear understanding of people's needs. People living in the home and family members were familiar with the registered manager and felt comfortable raising any concerns with them.

The provider's previously developed quality assurance system was not all available to share at the time of the inspection. We were told this was due to problems with their computer system. We were informed new computers were being purchased. There was no evidence of action plans or a service development plan. Strengthening the quality assurance processes would better enable the provider to recognise the service's strengths and identify areas in need of improvement. We have reported on quality assurance under, 'What the service has done to meet any requirements we made at or since the last inspection'. We have extended the requirement timescale.

The Care Inspectorate action plan was not submitted by the provider following the last inspection. We were not informed of the actions the provider was taking to address the outstanding requirement and areas for improvement from previous inspections.

The provider should improve the care home's administrative systems to ensure that information is current and easily accessible. We were informed by the provider that the Health and Social Care Partnership (HSCP) were going to provide support in this area. We referred the provider to 'Adult care services: Guidance on records you must keep and notifications you must make, March 2025'. This would support the recording and storage of information within the service. Strengthening these systems would also contribute to more effective quality assurance within the service (see area for improvement 1).

Areas for improvement

1. The provider should improve their administration system to ensure that accurate records are maintained and available to view. As per Care Inspectorate guidance, notifications should be submitted to the Care Inspectorate within the expected timescale.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18); and '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?**3 - Adequate**

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

Staff were safely recruited; pre-employment checks were completed prior to people commencing work

within the home. We discussed with the manager improvements that could be made in relation to the recording of employee's eligibility to be employed in the UK.

New care staff completed an induction, including mandatory training to ensure they had the knowledge and skill required to carry out their role. We referred that manager to the new National Induction Framework for Adult Social Care which is a programme of learning for all workers in Scotland who are taking up new support roles.

Staff should have the right knowledge and competence to care for and support people. Staff told us they completed training and refresher training to keep their skill up to date. We observed some competency checks that had been completed. Due to being unable to access information from the provider's computer system, we were unable to view the oversight of staff training, compliance with training and frequency of competency checks being carried out. We have continued a requirement relating to quality assurance under Key Question 2: 'How good is our leadership?'.

The provider is managing staffing levels using professional judgement. We shared information about the Health and Care (Staffing) (Scotland) Act 2019, which came into effect on 1 April 2024. This law requires care providers to make sure there are enough qualified and competent staff to meet the health, safety, and wellbeing needs of people using the service. Using the available guidance and tools can help the provider make more informed decisions about staffing based on peoples assessed needs.

Staff were skilled and flexible in taking on different tasks each day. On each shift, staff also help with housekeeping and preparing meals, as well as providing peoples care and support. We observed staff to take the time to sit with people and engage in meaningful conversation and interactions. Staff told us they had enough time to provide people with the care and support they required.

Staff told us they felt supported within their role and spoke positively about working in the care home. Regular supervision and the introduction of schedules team meetings would provide a more structured process to monitor and support staff within their role, providing staff with good opportunities to participate and also to reflect on their practice.

We received positive feedback on the staff team; we were told: "Staff are orientated towards recreating a family home for people," and "All the staff are fantastic." Overall, we thought people benefit from a staff team that was working well together.

How good is our setting?

4 - Good

We evaluated this key question as good. There were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences.

The care home is a domestic style home situated in a quiet rural location. There were three communal areas within the building offering large windows with views across the countryside. People spoke positively about the environment and told us: "Fantastic setting, it is like home from home," and "The care setting suits my relative because it is small and intimate."

The home was warm, welcoming, and comfortable. People were free to move around the home. The large

garden at the back is well looked after and offers seating areas where people can enjoy fresh air, listen to the stream, and watch birds and wildlife.

People's bedrooms were personalised. Home furnishings and personal belongings decorated people's rooms to their individual taste. Bedrooms varied in size and did not all have ensuite toilet and showering facilities. Assisted bathing and shower facilities were available in the care home.

There was a good standard of cleanliness throughout the home and cleaning schedules were in place to monitor this. The provider had no recorded refurbishment plan in place. However, we are aware that electrical improvements were being made and pending plans to decorate lounge areas.

The purpose-built external laundry facilities were reported to be working well. We asked the provider to identify clearly how used laundry and clean laundry is processed and stored within this area to reduce the risk of cross contamination. We signposted the provider to the National Infection Prevention and Control Manual: Care Home Infection Prevention and Control Manual (CHIPCM).

A system was in place to monitor the environment. Safety checks to reduce any risks to people were carried out by the maintenance person. We suggested additional checks to be included with the routine checks and shared best practice with the provider. Arrangements were in place for external contractors to attend the care home to service equipment in line with recommended guidance.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

All people had a personal plan in place; these were recorded within an electronic care planning system (PCS). Staff had become more familiar with using these and the quality of information had improved from our previous visit. However, there was still a need for further training to understand all the functions of the system and how these could be used to support good outcomes for people.

We have reported on assessing, monitoring and care plans under, 'What the service has done to meet any areas for improvement we made at or since the last inspection'. We have continued this area for improvement and signposted the provider to 'Personal Planning Guide' for providers available on the Care Inspectorate webpage.

Most people supported did not have a future care plan in place. This was included in a previous area for improvement following an upheld complaint. We have reported on this under, 'What the service has done to meet any areas for improvement we made at or since the last inspection' (see area for improvement 1).

Care plans were being reviewed, and we were told that review meetings were taking place. We were unable to access review meeting minutes or the overview of reviews and timescales. Reviews should take place at least six-monthly, or earlier as required. These give people the opportunity to review if their health and wellbeing is benefitting from the care and support being provided. A detailed record of the review enables the staff to track actions identified and progress being made to meet these.

People supported were involved in decisions about their care. Where people were unable to make choices or decisions, supporting legal documentation was in place to protect them.

Areas for improvement

1. To support people's future care and support needs, people's wishes and choices should be discussed and include their family or representative, where appropriate. This should inform a future care plan to guide staff on how best to support the person should their health needs change.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

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

Requirements

Requirement 1

By 31 March 2025, the provider, must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

- (a) assessment of the service's performance through effective audit
- (b) develop action plans which include specific and measurable actions designed to lead to continuous improvements
- (c) detailed timescales for completion/review.

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) Regulation 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 13 January 2025.

Action taken on previous requirement

The provider was carrying out some quality assurance processes, which included the completion of audits. We did not view any actions plans that were a result of audits undertaken. We were informed that due to technical difficulties with accessing information stored on the provider's computer system, we were unable to view the quality assurance oversight or the service development plan.

This requirement had not been met and an extension to the timescale has been agreed to 30 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

The provider should ensure people's needs are assessed and monitored and care plans are in place to support people in all areas where care and support is required.

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 my 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 13 January 2025.

Action taken since then

Personal plans were in place for all people supported using a Person-Centred Software Digital Care Planning System (PCS). Progress had been made in the development of people's personal plans. This included the completion of some assessments and care plans relevant to people's needs. The provider should continue to complete further assessments and person-centred care plans relating to people's health and wellbeing. Examples of these were discussed during the inspection. We have continued this area for improvement.

This area for improvement had not been met.

Previous area for improvement 2

The service provider should ensure that people are involved in planning, developing and organising the range and scope of activities, of how they spend their time both inside and outside. This will help to ensure people experience a good quality of life.

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 7 November 2022.

Action taken since then

The staff team recognised the importance of providing meaningful activity. People's personal plans contained some information on people's interests and how people liked to spend their time. Using PCS to complete an interest and activity assessment would further support people's social wellbeing care plan.

On the days of our visit, communication regarding activities was taking place and we observed people being involved in activities within both lounge areas. People were also supported to take part in activities outwith the care home. Recording people's involvement in activities would support the staff to evaluate if these are meeting people's outcomes.

This area for improvement had been met.

Previous area for improvement 3

The service provider should ensure medication management is improved within the home. This includes, but is not limited to:

- (a) Review of the medication policy and procedure to ensure it follows best practice guidance.
- (b) Ensure staff are trained, competent and following guidance in relation to safe medication management.
- (c) Review the storage facilities, including temperature checks for medication within the home.
- (d) Action all areas required to conclusion following completion of medication audit.

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 21 February 2023.

Action taken since then

Medication management had improved within the care home. The medication policy and procedure had been reviewed. Staff who administered medication had completed medication training. New employees had to complete medication training before they could support people with their medication. Medication was being stored appropriately; this included monitoring the temperature of storage areas.

Medication audits were being completed, we suggested the inclusion of additional information within audits to make these more effective at identifying areas to improve. This included recording systems for 'as required' medication and the application of topical medication.

This area for improvement had been met.

Previous area for improvement 4

Where an individual lacks capacity, the provider must consult with their representatives to ensure that any planned care, support or intervention reflects the individual's wishes. This should include, but is not limited to, the development and implementation of Anticipatory Care Planning

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

This area for improvement was made on 21 August 2023.

Action taken since then

Where people lacked capacity, we found that family members or representatives had been involved in discussions regarding people's care and support. We received positive feedback from family members in relation to involvement and communication with the service. We found that most people did not have future care plans in place or evidence of these being discussed. We have made a new area for improvement specific to future care planning.

This area for improvement had 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
1.2 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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