

Flemington Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
23 October 2025

Service provided by:
Flemington Care Home Limited

Service provider number:
SP2011011539

Service no:
CS2011285878

About the service

Flemington Care Home provides a care home service for up to 74 older people and 16 adults aged between 16 - 65 years. The service provider is Flemington Care Home Limited.

The home is split into five units with two on the ground floor (Alder and Beech), two on the first floor (Cedar and Dove) and Elm on the top floor. Each unit has its own living/dining and kitchen areas.

All bedrooms have en-suite facilities including a wet floor shower. Double bedrooms can be made available to those who wish to share.

The ground floor has a café area which opens onto an external patio area and a secure garden. A lift provides access to the upper floors.

At the time of the inspection, there were 88 people supported at the service.

About the inspection

This was an unannounced follow-up inspection which took place on 22 and 23 October 2025. The inspection was carried out by one inspector from the Care Inspectorate.

The inspection focused on the requirement and areas for improvement made during the previous inspection which took place on 8 May 2025.

Key messages

- Improved management oversight and quality assurance process had strengthened practice across the service, leading to better outcomes for people receiving care.
- Staff engaged with people in a compassionate and meaningful way.
- Work was still needed to improve some people's individual personal plans.
- Staff supervision had improved and training on personal outcomes was delivered to support better practice.

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

Requirements

Requirement 1

By 11 September 2025, the provider must improve the management oversight and develop effective and robust quality assurance systems. To ensure this, the provider must, at a minimum:

- a) increase the frequency and sample sizes of audits across all aspects of the service
- b) ensure areas for improvement are identified, appropriately recorded and followed up with outcomes and improvements clearly identified
- c) ensure staff are trained in quality assurance and recording systems and can demonstrate their understanding and their role.

This is to comply with Regulations 7(2)(c) and 9(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: "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 4 June 2025.

Action taken on previous requirement

Since the last inspection, a quality assurance lead had been appointed, and the auditing responsibilities were scheduled across the whole of the management team. Qualified care staff were also contributing to audits, supported by senior staff.

Audits sampled, showed increased coverage across all the key service areas, with larger sample sizes improving reliability and enabling better identification of any themes and trends that required any action.

Audit findings were consistently linked to action plans with clear timelines, and any issues were being more consistently followed up and signed off once completed.

Staff understanding of the quality assurance processes had improved, supported by staff training sessions and staff-led developments, such as new health and safety tools. These further supported the continuous improvement in the management oversight.

The service had established a more effective and structured quality assurance system, with ongoing development supported by staff skills and engagement.

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

To ensure that people achieve physical and mental wellbeing through meaningful interaction and stimulation, the manager should:

- a) consult with people about how they wish to spend their day
- b) develop individual plans and goals for each person and how staff can support people to achieve these
- c) provide staff with guidance about how to engage, with people, effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6) and "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 4 June 2025.

Action taken since then

Positive staff engagement with people supported was observed but inconsistencies remained in the wellbeing and activity documentation. The Interest Checklist, introduced since the last inspection, was not consistently completed, and person-centred planning varied across records we sampled. Further work was needed to embed consistent practice across the service around how people wish to spend their day.

This area for improvement has not been met.

Previous area for improvement 2

In order to ensure that people receive support from a staff team who are able to reflect on their practice in order to continually improve. The provider should ensure that there are regular opportunities for staff to reflect and have supervision as the policy and procedures states.

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 4 June 2025.

Action taken since then

We found staff supervision had improved since the last inspection. This was supported by a supervision planner/tracker and a new supervision format that promoted meaningful and reflective discussions. Records sampled had been consistently completed, with evidence of good practice, constructive feedback, and individual support offered where needed. Staff reported receiving supervision more regularly and finding this reflective and supportive.

This area for improvement has been met.

Previous area for improvement 3

The provider should ensure that effective care planning is paramount. To support this, the manager should ensure care plans and person-centred risk assessments contain accurate, up-to-date, detailed information about the support a person experiencing care requires.

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 4 June 2025.

Action taken since then

We found, since the last inspection, staff had undertaken training in personal care planning. However, sampled personal plans and person-centred risk assessments were not consistently up-to-date and detailed about the support individuals needed. Further improvement was needed to ensure care documentation reliably reflects each person's needs.

This area for improvement has not been met.

Previous area for improvement 4

To ensure good outcomes for people experiencing care, all the staff who deliver direct care should have access to training on personal outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 17 June 2024.

Action taken since then

We found, since the last inspection, training in outcome focused, person-centred care and effective care planning had been delivered to the majority of the nursing and care staff. Staff were more confident in what personal outcomes meant for people they support.

This area for improvement has been met.

Previous area for improvement 5

The service should continue to develop the staff's knowledge of quality assurance around the environment improvement programme to ensure that the premises, equipment and furnishings are clean and well-maintained.

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 area for improvement was made on 17 June 2024.

Action taken since then

We found no significant environmental concerns were identified during the follow-up visit. The premises, equipment and overall environment were being well-maintained. Staff consistently demonstrated awareness of reporting procedures, supported by regular meetings and handovers. Increased management environmental audits, ongoing investment and refurbishment were contributing to continued improvements in the living environment and care experienced.

This area for improvement has 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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