

Calderglen House Care Home Service

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Blantyre
Glasgow
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Telephone: 01698 823 624

Type of inspection:
Unannounced

Completed on:
24 October 2025

Service provided by:
RAM 225 Limited

Service provider number:
SP2016012807

Service no:
CS2016351239

About the service

Calderglen House is registered with the Care Inspectorate to provide residential rehabilitation for up to 24 adults aged 18 and over who experience alcohol and/or drug problems. The provider is Ram 225 Limited.

The home is located in South Lanarkshire and is set within extensive grounds within a residential area on the outskirts of Blantyre. It is within close proximity to local amenities and transport links.

Accommodation is provided in a large converted and adapted eighteenth century house over three floors. All bedrooms have spacious en-suite showering facilities.

People experiencing care have access to kitchen and laundry facilities, a communal dining room, therapy rooms for one-to-one support, and lounges for group sessions. Additional facilities include an on-site gym and gardens with animals cared for by people living in the service.

The grounds offer private woodland walks and access to a nearby river and fishing area.

At the time of inspection 19 people were living in the home.

About the inspection

This was an unannounced inspection carried out on 22, 23 and 24 October 2025 between 09:00 and 18:00. The inspection was conducted by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service, including registration details, submitted documents, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 19 people using the service within both a group and 1:1 basis
- spoke with 10 staff and management and received survey feedback from seven staff
- received survey feedback from three relatives and 5 visiting professionals
- observed practice and daily life
- reviewed documentation

Key messages

- People experienced warm, respectful relationships with staff in a calm, therapeutic environment.
- The rehabilitation programme was holistic, trauma-informed, and tailored to individual needs.
- Medication management was safe, person-led, and supported informed choice.
- Leadership was visible, approachable, and promoted a culture of continuous improvement.
- Quality assurance systems were structured and used to drive meaningful change.
- The environment was well-designed, safe, and created a homely, recovery-focused setting.
- Aftercare planning provided ongoing support and helped sustain recovery.
- The provider had made improvements and as a result All three previous areas for improvement from the previous inspection had been met.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our setting?	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?

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.

The rehabilitation programme offered to people was holistic and trauma informed. It combined structured groupwork, one-to-one therapy, creative activities, and physical wellbeing sessions. People also had the option to take part in 12-step programmes, with meetings available both in the service and in the local community. This approach helped people build resilience and life skills, not just manage symptoms. People told us, "This place has changed my life" and "The structure of the programme has been just what I needed." These comments reflected the positive impact of a model that addressed physical, psychological, and social needs.

Medication management was safe and person led. Individual medication reduction plans were flexible, supporting people to gradually and safely decrease their prescribed medication at a pace that suited them. Clinical oversight was strong, with regular reviews by the consultant psychiatrist and pharmacist. This approach reflected best practice Medication Assisted Treatment (MAT) Standards by prioritising informed choice and trauma-informed care. One person told us, "I've been allowed the time and space to detox at my own pace, which has given me the chance to do a lot of work on myself." This showed how flexibility supported emotional safety and engagement.

People benefitted from a nutritious and varied diet. They praised the quality of meals, noting that fresh fruit and vegetables were always available. This supported their physical health and emotional wellbeing during treatment and recovery.

Peer support and lived experience were embedded in practice. People described staff as "patient and compassionate" and valued hearing recovery stories. One person told us "It's inspiring to hear people's experiences." This helped to reduce stigma and strengthened engagement.

Family support groups were well established and highly valued. Relatives reported feeling better informed and able to support recovery at home, with the groups helping them understand triggers and build resilience to promote continuity of care after discharge.

Aftercare planning was well developed and proactive. People signed an aftercare agreement before discharge, and the service-maintained contact for up to 24 months. This included early follow-up calls, regular check-ins, relapse prevention planning, and links to community supports. The Post-Rehabilitation Recovery Plan helped people identify triggers and strategies for staying well. People told us this gave them reassurance and helped them stay connected to recovery goals. One person who had just finished the programme told us, "I always felt like I was being well prepared for the challenges to come when I leave here". This gave assurances that aftercare provided a safety net during a high-risk period and supported sustained recovery.

The environment and activities also supported people's wellbeing. Access to the gym, nature walks, and animal care encouraged routine and emotional regulation. People said, "It feels like a family here." This demonstrated how meaningful activity promoted belonging and stability.

We discussed with the management team how they could build on this strong practice by further evidencing outcomes for people. For example, linking participation in activities and medication plans to measurable goals in personal plans. We also explored how they might demonstrate the longer-term impact of their rehabilitation model in supporting sustained recovery, evidencing the overall effectiveness of the service.

How good is our leadership?

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.

There was a clear structure in place to manage a complex service. Leadership was visible and approachable, setting the tone for a positive culture. Staff described the environment as supportive and said they felt encouraged to develop. One example was a staff member who had progressed into a senior role, which showed real investment in people and a commitment to growing talent from within. Staff told us, "The managers set the tone for the approach we take" and another said, "we are all on the same page and working towards the same goals." This reflected strong leadership and shared purpose.

Improvement planning was strategic and proactive. The service improvement plan was comprehensive which clearly aligned with the principles of continuous improvement in the Health and Social Care Standards. Priorities such as staff induction, programme development, aftercare, and environmental improvements were well defined with measurable actions and timescales. The introduction of a standardised outcome measurement tool had strengthened the service's focus on outcomes by supporting people and staff to set goals and track progress. This ensured care was tailored and improvements could be evidenced over time.

Management had good oversight through strong auditing processes across key areas such as personal planning, medication, and health and safety. Audits were detailed and effective in identifying areas for development, with actions clearly recorded to evidence ongoing improvement. Findings were shared in team meetings and supervision, supporting a culture of learning and accountability. Robust processes were in place to ensure safe and effective oversight of medication management, consistent with best practice.

We discussed with the management team how increased opportunities for stakeholder involvement in service development could further strengthen this approach. Regular analysis of audit findings to identify themes and trends would support a culture of continuous improvement. We also suggested ways to share progress with people and families, helping them feel listened to and involved in shaping future developments.

How good is our setting?

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.

The setting was beautiful and peaceful, with woodland, flowing water, and open spaces that created a therapeutic atmosphere. One family member told us, "It is a beautiful, peaceful setting. Walks in nature, looking after livestock and a very homely environment." This showed how access to nature and animals supported wellbeing and gave people opportunities for nurturing and responsibility as part of their rehabilitation.

The building was spacious and well designed. Bedrooms were large, comfortable, and all had en-suite bathrooms, which promoted dignity and privacy. Communal areas were bright and welcoming, including a

dining room that supported positive mealtime experiences. Therapeutic spaces were thoughtfully arranged, with a calm and private room for one-to-one work and a group room that was well suited for its purpose.

Facilities supported physical and emotional wellbeing. The onsite gym gave people easy access to exercise, which is important for mental health and recovery. Domestic staff maintained high standards of cleanliness and infection prevention, and we saw evidence of good systems in place to keep the environment safe. Regulatory checks such as fire safety and equipment testing were up to date, giving assurance that the building was not only attractive but also safe.

An environmental improvement plan was in place, demonstrating the service's commitment to maintaining and enhancing the quality of its facilities. Refurbishment work included fire system refits, CCTV upgrades, IT improvements, and driveway resurfacing. These actions showed the service was proactive in ensuring the environment remained safe, comfortable, and well suited to supporting people's recovery.

Some people we spoke to suggested social interaction and leisure opportunities could be further enhanced by adding more recreational options, such as a games room.

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 ongoing improvement for people using the service, the management team should improve the level of information recorded within quality assurance system to demonstrate continuous improvement. Where areas for improvement have been identified these should be recorded within an action plan with details of actions taken with regular updates until fully resolved.

This is to ensure care and support is consistent with 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 28 April 2023.

Action taken since then

We saw evidence of a structured quality assurance process with clear action planning. Audits now included detailed findings, and actions were tracked through to completion. This demonstrated a shift from compliance to continuous improvement. The service was using these systems to drive real change rather than just recording issues.

This area for improvement has been met.

Previous area for improvement 2

To support ongoing improvement for people using the service, the management team should work on a self evaluation and include the outcome of this within an up-to-date service development plan. This will enable the service to identify and prioritise any issues requiring intervention and demonstrate ongoing improvement.

This is to ensure care and support is consistent with 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 28 April 2023.

Action taken since then

The service had completed a self-evaluation and used the findings to inform a comprehensive development plan. The plan is live, regularly updated, and covered key priorities such as programme restructuring, staff development, and environmental improvements. This evidenced a proactive approach to improvement planning and strong alignment with best practice.

This area for improvement has been met.

Previous area for improvement 3

The provider should review the staff induction process and develop inductions that are specific to staffs' roles and responsibilities. This will ensure the staff member attends training relevant to their role and is able to reflect on this to help improve their knowledge and practice.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent, 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 28 April 2023.

Action taken since then

We sampled induction documentation and found a structured, robust process was in place. Induction was now role-specific, covering both clinical and non-clinical responsibilities. Induction process now included competency checks, observations of practice, and reflective learning, supported by a clear training needs analysis. This ensured staff were confident and skilled.

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.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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