

Stanely Park Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
10 October 2025

Service provided by:
Stanely Homes Limited

Service provider number:
SP2009010206

Service no:
CS2008184016

About the service

Stanely Park Care Home is a residential care home in the Balgonie area of Paisley. It supports up to 40 older adults. At the time of inspection, there were 32 people living in the home. The provider is Stanely Homes Limited .

The home has three floors, all accessible by a lift. Each floor includes a mix of en-suite bedrooms, communal lounges, dining areas, and accessible bathrooms. People can access the garden from the ground floor. The service offers both long-term residential care and short-term respite support.

About the inspection

We carried out an unannounced inspection on 7, 8, and 9 October 2025, between 9:00 and 20:00. Three inspectors completed the inspection. To prepare for the inspection, we reviewed previous inspection reports, registration details, and updates from the service.

In making our evaluations of the service we:

- spoke with nine people using the service and five of their family members
- spoke with 12 staff and management
- spoke with three visiting professionals
- reviewed seven survey responses from staff
- observed practice and daily life over three days
- reviewed documents.

Key messages

- People experienced warm, compassionate care from staff who knew them well.
- The home was welcoming, and people and relatives spoke positively about the quality of care.
- The call system requires improvement to help staff respond quickly and effectively to people's needs.
- People took part in a good range of activities throughout the day that supported their wellbeing.
- The service requires to improve how it supported people to eat safely, especially those with specific dietary needs.
- Personal plans were detailed and reflected people's preferences, but some health-related records needed to be more accurate and consistent.

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?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate. We found some strengths in care that had a positive impact on people's health and wellbeing, but key areas still needed improvement to better support outcomes for people.

The home felt very welcoming and calm. Staff supported people with warmth and compassion. There were enough staff on duty throughout the day, which meant people got support when they needed it. People and their families spoke positively about the care. One person told us "nothing is any bother" and another said they were "very happy" and "can't fault the care." The home encouraged family visits and organised events like birthday parties, which helped people stay socially connected .

Staff worked hard to keep people active and engaged. The activity worker delivered a varied daily programme, and we saw people, staff and family members enjoying these activities. The activity worker was only available on certain days, which meant opportunities to get out into the community and take part in weekend activities were limited. We asked the provider to ensure sufficient staff were available to support meaningful activity for everyone, including those unable to join group sessions.

Staff supported people's health and wellbeing well. They worked closely with healthcare professionals, including district nurses, to support people's recovery from infections and wounds. They used recognised tools to monitor pain and weight, and managed medicines well, making sure people got the right medication at the right time. Staff recorded falls and carried out checks to make sure people were safe. We asked the service to review fall patterns across the home to spot risks and help falls prevention. Records showed that people had attended dental appointments during the year. However, staff hadn't followed up on several examples of missed daily oral care. We made an area for improvement to help the service support better oral health (see Area for Improvement 1).

Eating well and having regular opportunities to eat and drink is important to keep people well. Regular drinks and snacks were offered, and we saw people eating in a relaxed and pleasant atmosphere. There were enough staff to help people during mealtimes, and we saw staff giving good support while people were eating, for example supporting them with hand hygiene, and offering alternative choices during the meal. All of this support helped people eat well. Staff supported people to drink, but fluid intake records were inconsistent. Many charts had missing entries, and care plans gave mixed messages about who needed to have their fluid intake monitoring. The service took immediate action during the inspection to improve this. To help ensure this remains a priority, we have made an area for improvement (see Area for Improvement 2).

Supporting people to eat and drink safely is essential to their health and wellbeing. We saw attentive staff during mealtimes assisting those who required extra support. However, nutritional information for people was inconsistent. Kitchen staff did not have accurate and up-to-date details about those on modified diets, which increased the risk of choking for these people. Care plans we sampled contained conflicting information about people's nutritional needs. In some cases, staff had not followed up swallowing concerns where this was necessary. The service responded promptly during the inspection to reduce the risks and correct records. Improving communication, staff training and oversight in this area must continue to be a priority (see Requirement 1).

Requirements

1. By 8 December 2025, the provider must ensure people receive nutritious food that is safely prepared and meets their individual dietary needs.

To do this, the provider must, at a minimum:

- a) Ensure kitchen staff have access to accurate and regularly updated information about each person's dietary needs, including those requiring modified diets.
- b) Ensure all staff involved in preparing or serving food, and those supporting people with swallowing difficulties, have completed appropriate training.
- c) Implement a system to regularly audit and check that care plans and kitchen records match people's assessed needs.
- d) Ensure that where people have been assessed as needing specialist support with eating, drinking or swallowing, appropriate referrals have been made and followed up.
- e) Maintain up-to-date care plans that reflect people's nutritional and hydration needs.

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) and Section (8)(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19)

Areas for improvement

1. To support people's health and wellbeing, the provider should make sure daily oral care is carried out and recorded accurately.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My care and support meets my needs and is right for me." (HSCS 1.19) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

2. To support people's health and hydration, the provider should improve how fluid intake is recorded and monitored. This should include ensuring fluid charts are completed accurately, only when required, and that appropriate action is taken when people do not achieve targets.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My care and support meets my needs and is right for me." (HSCS 1.19) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths in the environment just outweighed weaknesses.

People benefitted from a clean, homely and welcoming environment that supported their wellbeing. One relative described the home as "spotless". The service had made positive changes by adding seating areas, snack stations and a kitchen space where people could make their own drinks and snacks. A well-decorated hairdressing room was in regular use during our visit. People's bedrooms reflected their personal tastes and

included items that helped them feel at home. Dining rooms and lounges were bright and inviting, and the layout gave people choice about where to spend their time. People used the lift to move freely between floors and took part in activities. We also saw people enjoying the garden. Most areas had clear signage to help people find their way around. We suggested adding more accessible information across all floors to help people know what was happening each day, such as menus and activity plans.

Staff kept the environment safe by carrying out regular servicing and maintenance checks. We asked the service to strengthen staff confidence in emergency procedures to help ensure people were kept safe in the event of an emergency.

The call system in the home needed clear improvement to help staff respond promptly to people's care needs. Visual lights above bedroom doors alerted staff when someone used their buzzer or when a floor alarm mat was triggered. However, there was only one alert panel in the ground floor office. This meant staff on upper floors had to check corridors or speak with other staff to find out which room needed help. The system did not distinguish between routine requests and emergencies, which could cause delays in care or assistance. Not all residents who could use them had call buttons in their rooms to request help. The service told us they kept people safe by bringing them into the lounge and doing regular checks in their rooms. We saw this happening, but this was not sufficient to keep people safe or to support their right to choose how they spend their time. The service has since taken prompt action to address safety risks and improve emergency arrangements in the home, although these are interim steps. Longer-term improvements to the system remain an essential area for development (see Requirement 1).

Requirements

1. By 15 May 2026 the provider must support people's safety and independence by ensuring the call system enables staff to respond promptly to people's care needs.

To do this, the provider must, at a minimum:

- a) Ensure staff can clearly identify the location and nature of all alerts across all floors.
- b) Ensure all bedrooms and communal areas have a working emergency alert system.
- c) Ensure that all people have access to a call system within their room.
- d) Implement a system to monitor and review call response times and take appropriate action where delays are identified.

This is to comply with Regulation 10(1) and 10 (2)(a) (Fitness of Premises) 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:

"I am confident that people respond promptly, including when I ask for help." (HSCS 3.17)

How well is our care and support planned?

4 - Good

We evaluated this key question as good because we saw several strengths in assessment and planning that supported positive outcomes for people. These strengths clearly outweighed the areas that needed improvement.

Everyone had a personal plan in place, which included detailed information about what mattered to them, such as routines, preferences and interests. This helped staff provide care that reflected individual choices.

Staff showed a good understanding of these needs in practice, which supported positive relationships and helped create a caring environment.

Staff had access to relevant legal documents, such as guardianship and power of attorney. This helped them understand people's legal rights. Personal plans also included end-of-life preferences, showing that the service aimed to support people well throughout their lives. Staff used electronic handsets to record care accurately and in real time. This allowed them to spend more time engaging with people and their care needs. Clinical tools and risk assessments were included in personal plans when needed, and staff shared information to manage risks. This meant staff had the necessary information to support people safely. Although people's nutritional plans were not always accurate, other areas of the personal plans were good, so we have included improvements to nutrition within the requirement for key question one. (Please see section 'How well do we support people's wellbeing?').

We saw evidence of care reviews and family involvement, which helped ensure that care reflected people's preferences and life history. Some reviews were missing from personal plans, so we could not confirm whether changes had been made, or actions taken. The reviews we saw did not include clear action plans, which made it difficult to track progress and measure outcomes that could improve people's lives (see Area for Improvement 1). Despite this, the stable staff team knew people well and, from our observations, had a clear understanding of their needs.

Areas for improvement

1. To support people's wellbeing and ensure care is right for people, the provider should ensure that review records are accessible and include clear, outcome-focused action plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "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)

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 people experiencing care are supported with dignity and respect, the service provider should ensure when incidents occur with staff and complaints are raised, appropriate follow up actions are accurately recorded and reflective accounts are completed by all staff involved.

This area for improvement was made on 4 December 2023.

Action taken since then

This area for improvement was partially met at the last inspection. We saw that staff completed reflective accounts when incidents occurred. As with the previous inspection, we could not assess how well the service followed up on complaints, as no formal complaints had been recorded since the last inspection.

We found that the service managed concerns well by responding promptly to feedback. We asked them to make sure they record all concerns and the actions taken to resolve them. This will help us assess progress more clearly at future inspections and support ongoing improvement.

This area for improvement has not been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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