

Golfhill Care Home Care Home Service

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Dennistoun
Glasgow
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Telephone: 01415 502 662

Type of inspection:
Unannounced

Completed on:
22 October 2025

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

Service no:
CS2017361011

About the service

Golfhill Care Home is registered to provide a care service to 105 older people. The provider is Advinia Care Homes Limited. There were 83 people using the service at the time of inspection.

The home is in Glasgow, close to public transport and local amenities.

Accommodation is purpose-built with four separate units that can support: 60 older people with dementia in the Alexander and Whitehill units, 30 older people in the Craigpark unit and 15 adults/older people in the Dennistoun unit. Dennistoun unit remained closed at the time of the inspection.

All bedrooms are provided on a single occupancy basis with en suite shower facilities. There are garden areas for each unit that people can access through patio doors. Car parking facilities are available in the grounds of the home.

About the inspection

This was an unannounced inspection which took place between the hours 06:45 and 16:00 on 21 and 22 October 2025. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included:

Previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 14 people using the service and three of their relatives
- spoke with 20 members of staff and two members of the management team
- spoke with one visiting professional
- observed practice and daily life
- reviewed documents
- reviewed 22 questionnaires completed by individuals supported by the service or their family members, seven returned by members of staff and three returned by external professionals

Key messages

- The staff team were working well together to promote a positive experience for individuals.
- People's health was monitored and changes escalated to other health professionals when needed.
- Community based activities had been introduced however more unit based activity was needed.
- The provider was progressing through an environmental improvement plan.
- Further assessment of staffing levels and deployment were needed in the afternoon period.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

4 - Good

1.2: People get the most out of life

1.3: People's health and wellbeing benefits from their care and support

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

Meaningful activity is known to promote physical and social wellbeing. The service was supported by an activity worker. An activity programme was in place and people benefited from engaging with activities within and outwith the home. People had opportunities to take part in a range of meaningful activities such as musical events, accessing the local community, arts and crafts, visiting groups and events between the different units. However there were occasions when staff, within individual units, missed opportunities to engage with people. This was particularly evident during the afternoon period. To maximise meaningful opportunities for people throughout the home development was needed in this area (see area for improvement one).

Links with the local community helped keep people connected. It was clear people enjoyed these activities. Social media had been developed to help keep people up to date with meaningful activities that had taken place and those that were planned. Individuals spoke positively about the development of an onsite café area. This was used by those living in the service, their relatives and also as an opportunity for individuals from different units of the care home to meet. This promoted socialisation opportunities for individuals.

People's health and wellbeing should benefit from their care and support. We saw warm and compassionate interactions between staff and people being supported. Engagement was friendly and kind. One person told us "The staff are extremely helpful and nothing is ever too much". The choices and preferences of people living in the care home were supported well by staff who were familiar with individuals' needs. This helped to make people feel respected and valued.

People's health and wellbeing needs were regularly assessed. When changes were identified, staff were good at referring to external professionals for further input. It was confirmed by professionals that referrals were appropriate, made timeously and they had confidence that staff would consistently follow recommendations made to keep people safe and well. One external professional told us "Staff appear to take ownership of individuals care needs and refer to the appropriate professional as needed".

People should expect to enjoy their meals in a relaxed environment. Mealtimes were calm and unhurried with a pleasant and friendly atmosphere. People were offered appropriate support and encouragement to eat and drink. When offering assistance, staff supported people to enjoy their meal in a discreet and patient manner. The menu was displayed and staff offered visual choices at the point of service. This helped individuals to choose what they would like to eat. The service was in process of consulting with individuals ahead of a new winter menu. This would allow the development of a new menu based on individuals wishes and choices. Home baking and high calorie snacks were available outwith mealtimes.

Appropriate monitoring of people's food and fluid intake was introduced when required. This allowed the staff to document clear records of what individuals had been offered and what they had consumed. This allowed for changes to care and support when nutritional intake was not as expected. It was positive to note that the service had maintained previous improvements in relation to staff practice in this area. This promoted health and wellbeing through improved nutrition and hydration.

Having the right medicine at the right time is important for keeping people safe and well. Medication was managed effectively to support people to take the right medication at the right time. There was guidance available for staff on the administration of "as required" medication. Staff followed recognised medication protocols to respond to individuals needs. This helped to keep people well.

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that the activity programme is based on individuals' preferences and choices and all staff contribute to offering meaningful opportunities for residents, taking their abilities into account.

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)

How good is our leadership?

4 - Good

2.2: Quality assurance and improvement is led well

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

There had been changes to the management team since the last inspection. We received positive feedback regarding the communication from the management team. Individuals told us that they would be comfortable taking forward ideas or suggestions. One person commented "(name), the manager keeps me updated on a regular basis". When things didn't go to plan, individuals confirmed that they would have confidence that their concerns would be listened to and when required, responded to. The provider had plans in place to enhance the management arrangements by appointing a deputy manager.

Quality assurance and improvement was led well. An electronic system was used to monitor aspects of the service. A range of audits were being completed to measure performance of key areas across the service. This included medication, accidents/incidents, health risk assessment and personal planning. Where issues were identified, these were addressed quickly with action plans being completed and assigned to relevant staff across the service. Staff in various roles were involved in the audit and oversight process. This meant that there was a whole team commitment to driving improvement. This was further enhanced by daily management walkaround audits. This allowed the manager to be visible in the service and respond to any immediate concerns identified.

Accidents and incidents were monitored and analysed. This provided assurance that when things did not go to plan, a lessons approach was used. We saw examples of this learning leading to positive changes for individuals, such as the introduction of assistive technology. A relative told us "any incidents have been reported immediately". Daily meetings between staff and management allowed for open discussion regarding accidents or incidents and changes to planned care made or monitored.

Quality audits and feedback from those living and working in the service was used to inform an overall service improvement plan.

How good is our staff team?

4 - Good

3.2: Staff have the right knowledge, competence and development to care for and support people

3.3: Staffing arrangements are right, and staff work well together

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

People should have confidence that the people who support them are trained, competent and skilled. A blended approach continued with staff training. E-learning covered a wide range of mandatory training. Staff were provided with time to complete required training and completion rates were high. This helped promote a learning culture within the staff team. The training provided was relevant and helped staff meet the needs of people supported. At the time of the inspection the service were working in partnership with the local health board in regards to training. The training plan had been refreshed following the completion of a training needs analysis with the staff team. This had resulted in training being offered which was based on the needs of staff. Observations of practice were undertaken to ensure staff applied training in their day to day work practice. This included medication practice, infection control and the use of personal protective equipment.

Staff told us they felt well supported by the management team. Staff had regular supervision opportunities with managers to identify any practice, training and support needs promptly. The use of group supervision was also welcomed by staff as a way of sharing updated guidance and practices. This gave staff the opportunity to discuss what was working well in the service and express their views. This helped staff feel listened to.

Staffing arrangements should be determined by regular assessment of people's care needs. Overall, we found that there were sufficient staff on shift. We shared feedback from others and our observations that the staffing levels during the afternoon period could be enhanced. One member of staff commented "we work well together, the morning period is better than the afternoon, some days we can struggle in the afternoon". We asked the service to revisit the staffing levels and deployment practices in the afternoon (see area for improvement one). This would ensure people's needs were consistently met by the right number of people.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment".

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that there is an appropriate level of staff across the home at all times, which maintains people's safety and meets individual needs. This should include the views of individuals living and working in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15) and "People have time to support and care for me and to speak to me" (HSCS 3.16).

How good is our setting?

4 - Good

4.1: People benefit from high quality facilities

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

People can expect to live in high quality facilities. Since the last inspection, the provider had continued with their refurbishment plan. Two of three units communal areas had been redecorated with new fixtures, furniture and fittings. This also included corridors with refurbished bedroom doors. This had resulted in an improved environment for those living and working in the care home. Staff shared that they took pride in the new environment and were committed to ensuring that it was well maintained and presented for individuals living there. There were plans in place to commence and complete the final unit by the end of the year. The provider was in process of consulting and sourcing new art work for each of the units. One person told us "the recent upgrades have been a welcomed addition".

Bedrooms were comfortable and nicely personalised which helped to give people a sense of belonging. People had their own room and en suite which promoted privacy. One person told us "I have my room personalised with family photos". There was a range of appropriate equipment to meet people's needs. There was a rolling plan for redecoration of bedrooms underway. This will provide individuals the opportunity to be involved how they would like their bedrooms decorated.

Individuals had access to appropriately maintained and furnished gardens. Access could be gained independently by individuals who were able. At the time of the inspection, work had commenced to prepare the gardens ahead of the winter months. One relative commented "I have seen significant development of the home's gardens to encourage residents to get out into the open and enjoy the space away from their rooms and common rooms".

Maintenance records confirmed equipment checks and servicing had been carried out to ensure people were not exposed to harm and were kept safe. There was a call alert system that allowed people to summon assistance when required.

How well is our care and support planned?

4 - Good

5.1: Assessment and personal planning reflects people's outcomes and wishes

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

Personal plans help to direct staff about people's support needs and their choices and wishes. Personal plans were written in a person-centred way and involved those living in the care home. We shared some examples with the management team where updated information was documented in the wrong section of the personal plan. The management team had identified this and were working with the staff team to correct this. This would help ensure that planned care remained reflective of individual needs.

When people had experienced a change in their health and wellbeing, staff had introduced short term personal plans which gave clear direction of how the persons care and support should be altered. These were completed to a good standard.

It is important for services to keep clear and accurate records on care delivery and what these mean for individuals. The service had maintained previous improvements to the record keeping practices in relation to discussions with external professionals and family members. Overall, the service kept clear and accurate records on care delivery and what this meant for individuals. We found that these were written in a respectful manner and clearly evidenced the outcomes for people. However, we shared some examples when staff had relied in preset recording options and this had resulted in limited information around people's experiences. The management team gave a commitment to developing this going forward.

An overview of six-monthly reviews that had taken place and those planned was in place. This is important to give those living in the care home and those closest to them the opportunity to be involved in their care and support.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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