

## Millburn Homes Care Home Service

Millburn Homes  
3 - 9 Glencairn Gardens  
Halfway, Cambuslang  
Glasgow  
G72 7QE

Telephone: 01416 410 407

**Type of inspection:**  
Unannounced

**Completed on:**  
25 November 2025

**Service provided by:**  
Parkcare Homes No.2 Ltd

**Service provider number:**  
SP2003000147

**Service no:**  
CS2012311539

## About the service

Millburn Homes is registered to provide a care service to a maximum of 20 adults, in four on-site bungalows, with a learning disability and/or mental health or autistic spectrum condition. Parkcare Homes No.2 Ltd is the provider.

Accommodation is split across four large detached bungalows. Two of the bungalows have shared accommodation, whilst the other two are individual, self contained flats. These are within well maintained grounds.

At time of inspection, 19 people were using the service.

## About the inspection

This was a follow up inspection which took place on 20 and 21 November 2025 between 09:30 and 16:00. Inspection feedback was provided on 25 November 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke with six people using the service
- for people unable to express their views, we observed interactions with staff and how they spent their time
- spoke with two relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- The service had improved how it recorded and monitored people's health and wellbeing each day.
- Health concerns were identified and dealt with quickly, showing a strong focus on keeping people safe.
- Personal plans were reviewed at least every six months and helped guide staff in supporting people's independence.
- At this inspection, the service met all four requirements and two out of five areas for improvement from the previous inspection.
- Three areas for improvement, on medication management, quality assurance, and the improvement plan, were repeated at this inspection.

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

### Requirements

#### Requirement 1

By 3 November 2025, you must ensure that the health and wellbeing needs of people experiencing care that have been assessed as being at risk are accurately monitored, recorded, and reviewed.

In particular you must ensure that:

- a) There is a clear system for ongoing daily recording in care plans, risk assessments, and related personal planning documentation when this is required.
- b) Care plans, risk assessments, and related personal planning documentation provide clear and accurate information on the health and care needs, including that which requires monitored and actions to be taken.
- c) Staff are aware of the importance of accurately completing care plans, risk assessments, and related personal planning documentation, and their accountability in line with professional Codes of Practice.
- d) There is effective oversight of monitoring charts in place.

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).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14); and 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

**This requirement was made on 8 August 2025.**

#### Action taken on previous requirement

The service had established systems for daily recording and monitoring of health and wellbeing needs. Care plans and risk assessments were personalised, accurate, and detailed required actions. Staff demonstrated awareness and accountability, reinforced through flash meetings and audits. Monitoring charts were reviewed daily, ensuring timely escalation where required. Spot audits confirmed that there was improved quality and consistency.

**Met - within timescales**

## Requirement 2

By 3 November 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 and transparent communication with governing bodies.

To do this the provider must, at a minimum:

- a) Ensure all staff recognise and report incidences of harm or potential harm.
- b) Liaise with all other appropriate governing bodies, as well as the Care Inspectorate.
- c) Submit notifications to the Care Inspectorate as required by our notification guidance entitled 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

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).

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 comprehensive and transparent quality assurance processes' (HSCS 4.19); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This requirement was made on 8 August 2025.**

### Action taken on previous requirement

The service demonstrated strong leadership and a culture of continuous improvement. Staff consistently reported concerns, which was supported through coaching and structured discussions. Daily flash meetings provided oversight of protection concerns, people's wellbeing, and risks, ensuring prompt action. Adult protection protocols were reinforced and regular liaison with external bodies promoted transparency. Notifications to the Care Inspectorate had been submitted in line with guidance.

### Met - within timescales

## Requirement 3

By 15 June 2025, to ensure that people's care and support needs are met, the provider must ensure staffing arrangements are safe and effective.

To do this the provider must, at a minimum:

- a) Regularly assess and review people's care and support needs.
- b) Demonstrate how the outcome of people's assessments are used to inform staffing number and arrangements.
- c) Implement quality assurance systems to evaluate care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is in order to comply with Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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).

**This requirement was made on 17 March 2025.**

## Action taken on previous requirement

The service had implemented safe and effective staffing arrangements to meet people's care and support needs. Regular reviews of care plans and team discussions ensured individual requirements, including 1:1 and 2:1 support, were reflected in staffing plans. A staffing tool calculated hours based on occupancy and commissioned hours, with additional time allocated for complex needs. Daily flash meetings and audits provided oversight of staffing levels, incidents, and resident wellbeing, ensuring variances were addressed promptly. This proactive approach demonstrated that staffing was responsive and person-centred.

**Met - within timescales**

## Requirement 4

By 3 November 2025, the provider must ensure that personal plans are reviewed at least once every six months, or sooner if required, in partnership with the person receiving support and, where appropriate, their family or representative. This is to ensure that personal plans accurately reflect individuals' needs, choices, and outcomes, and that people experience care and support that is right for them.

This is to comply with Regulation 5(2)(b)(iii) (Personal plans) 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: 'My personal 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); and 'I am fully involved in assessing my needs, planning my care and support, and reviewing my plan' (HSCS 1.12).

**This requirement was made on 8 August 2025.**

## Action taken on previous requirement

All reviews have been completed within timescales and documented in detail. Reviews are person-centred, covering progress, areas for improvement, health status, and clear goals for the next six months. Where family or representatives could not attend, invitations were recorded and reviews proceeded in partnership with the individual.

**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

The service should improve how people are supported to maintain or develop their independence through meaningful involvement in everyday tasks. Personal plans should clearly outline opportunities for people to build independence in line with their abilities, preferences, and aspirations.

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' (HSCS 1.25).

**This area for improvement was made on 8 August 2025.**

#### Action taken since then

Care plans had been updated to include individual independence goals and tailored activities, such as household chores, personal care routines, and community engagement. Staff consistently encouraged independence during daily routines and this practice aligned with directions recorded within people's personal plans. Oversight was maintained through daily meetings and follow up checks to ensure actions were put in place. Observations confirmed people were actively involved in everyday tasks, demonstrating that independence was promoted in practice.

**This area for improvement has been met.**

#### Previous area for improvement 2

To ensure medication is administered safely and effectively the service should improve the consistency and accuracy of medication recording to ensure safe and person-centred care. This should include but not be limited to topical medication administration records (TMAR), as required (PRN), and consider the use of best practice assessment tools, such as pain assessments.

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

**This area for improvement was made on 8 August 2025.**

#### Action taken since then

There were still issues with how medication was being managed and recorded. Injection times were not always clear and records were sometimes incomplete. There were no clear instructions for giving certain medicines when needed ('as required' medications). Staff were not always using the best tools and practices.

**This area for improvement has not been met.**

## Previous area for improvement 3

The service should strengthen its quality assurance processes to improve oversight and drive meaningful improvements. This includes completing full audit cycles, implementing and reviewing action plans, and maintaining clear records of progress towards improvements.

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 comprehensive and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 8 August 2025.**

### Action taken since then

The service made progress in quality assurance and management oversight, using daily meetings and regular quality calls. However, more time was needed for these improvements to become routine and a detailed quality assurance plan still needed to be put in place to show ongoing development.

**This area for improvement has not been met.**

## Previous area for improvement 4

To maintain people's dignity, privacy, and wellbeing, the provider should ensure that environmental repairs are completed timeously. Evidence of appropriate contingency planning and consultation should be captured, including seeking consent from those affected and ensuring that any temporary arrangements uphold the principles of respect and personal choice.

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 5.22).

**This area for improvement was made on 8 August 2025.**

### Action taken since then

The service showed that environmental repairs had been carried out quickly, with clear records kept of what improvements had been made. When repairs could not be completed straight away, temporary measures were put in place to keep people safe and comfortable. Management kept staff and residents informed about repair progress and requests for further improvements were logged and followed up.

**This area for improvement has been met.**

## Previous area for improvement 5

The provider should develop and implement a clear environmental improvement plan to ensure that the physical environment continues to meet the needs and preferences of people who use the service. This should include a schedule for refurbishment, decoration, and replacement of damaged furnishings, and be informed by consultation with people living in the home.

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 the right size for me, with well maintained premises, furnishings, and equipment' (HSCS 5.22).

**This area for improvement was made on 8 August 2025.**



**Action taken since then**

The service had a redecoration plan which involved residents and staff in each bungalow to gather feedback on what needed improvement. Ongoing consultation with residents was taking place and further work was planned. While good progress was made, a full environmental improvement plan, with a clear schedule, goals, and regular consultation, still needed to be put in place. Meetings with residents and staff had been held to gather ideas and a sustainability plan was drafted, but more time was needed to embed a structured approach.

**This area for improvement has not 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](http://www.careinspectorate.com).

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