

Hillview Care Home Care Home Service

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Dalmuir
Clydebank
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Type of inspection:
Unannounced

Completed on:
20 November 2025

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

Service no:
CS2017361014

About the service

Hillview Care Home is a purpose-built care home in the Dalmuir area of Clydebank. Good public transport provides 15-20 minute links to the main Clydebank shopping centre. The care home is close to local shops and facilities.

The care home is registered to provide support for up to 150 older people including eight with physical disabilities. Five houses, accommodating 30 people each, provide en-suite bedrooms as well as communal areas and dining rooms. A separate building houses the main kitchen, laundry and administration offices.

The service has extensive communal garden areas and people living on the ground floors of the five houses are usually able to access garden space directly from their bedrooms.

At the time of our inspection, there were 125 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 18 and 19 November 2025 between 09:30 and 17:30. This was to follow up on requirements and areas for improvement that we asked the service to progress from our full inspection that concluded on 4 September 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 information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 13 people using the service and ten of their family members
- spoke with 22 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

The manager has demonstrated improvement action to support both staff and residents.

Residents appeared content and had a level of activity provided to support social interaction.

Staff were positive about their role and felt well supported.

Training in key areas needs to be completed for all staff.

Newly appointed staff are in place to support staffing levels.

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

Requirements

Requirement 1

By 13 November 2025 the provider must make proper provision for social events, entertainment and activities which meet the assessed need and choice of people who use the service and are in line with good practice. The provision of activities must be clearly recorded within the personal plan of the individual resident as well as the activity planner.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: principle 3 – promoting respect and choice.

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).

This requirement was made on 4 September 2025.

Action taken on previous requirement

The recording of activity had clearly improved for people. Records evidenced organised activity such as external entertainment and visits from nursery children. In house church services had taken place. Each unit of the home had a staff member trained in strength and balance. This supported people to be more active and move around. Records we sampled evidenced armchair exercises, sing-a-longs, arts and crafts, and also one on one time with people who preferred this or who remained in their rooms. Staff told us they supported the activity team to ensure people were not excluded from social interaction.

Met – within timescales

Requirement 2

By 13 November 2025 the provider must ensure they keep people safe and healthy by ensuring that at all times there are sufficient numbers of staff providing support in accordance with each person’s needs. To do this, the provider must, at a minimum:

- (a) revisit resident dependencies in line with safer staffing legislation;
- (b) Adjust staffing level provision to address any gaps identified;
- (c) Ensure that staff are deployed in a way that ensures residents can be fully supported by female staff should that be their preference;

(d) Ensure that staff are deployed in a way that temporary or agency staff are not working in higher numbers than permanent core staff on a night shift ;

(e) Ensure that breaks and staff sickness policies are re-visited with staff in a supportive manner to monitor staff wellbeing.

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

This requirement was made on 4 September 2025.

Action taken on previous requirement

The management team had observed staff during busy periods of the day such as mornings and mealtimes. The manager consulted with them regarding staffing numbers and duties in each unit and took action to address any concerns or shortfalls. We saw evidence of newly appointed staff that had been recruited since our last inspection. This had resulted in less use of agency staff which provided continuity of care to people. With the exception of one unit, we noted improvement with how staff were deployed and with sufficient numbers to support people when they need this. Going forward, the manager has agreed to re-visit the staffing deployment and levels in this remaining unit. There was an even deployment of both female and male staff in each unit so that gender preference would be respected in accordance with people's wishes. We spoke with nearly all staff in the five units who told us that they received their breaks. The sick leave policy had been discussed with staff to ensure no staff member worked while unwell or felt pressure to do so. Staff were positive about their roles and availability to support people. The management team will be using the newly adapted dependency structure going forward to monitor and inform staffing levels.

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

In order for improvements to be identified and acted upon, people or their representatives should have regular and meaningful opportunities to provide their views on the service they receive.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8)

This area for improvement was made on 28 August 2024.

Action taken since then

The management team have evidenced good effort to obtain the views of residents and relatives. Meetings have taken place and relatives we spoke with found these to be helpful and informative. Regular reviews of care were undertaken and these evidenced that feedback was sought from residents or their representatives.

This area for improvement has been met.

Previous area for improvement 2

People should be supported and encouraged to regain their confidence, strength and mobility after falls to the best of their potential.

This is in order to comply with the Health and Social Care Standards (HSCS) that state: "I am confident that people are encouraged to be innovative in the way they support and care for me" (HSCS 4.25).

This area for improvement was made on 28 August 2024.

Action taken since then

We noted that there was strength and balance sessions in each unit provided by trained staff, armchair exercises also took place. This supported people with more confidence in their mobility.

This area for improvement has been met.

Previous area for improvement 3

The provider should make use of The King's Fund assessments and tools with a view to improving the design of the care home and the environment for people with dementia and other cognitive challenges.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.18).

This area for improvement was made on 28 August 2024.

Action taken since then

We noted efforts had been made with bright colours used in communal bathrooms and points of sensory interest had been placed on corridor walls that may support people living with dementia when walking with purpose. The service have agreed to continually work on improvement to the environment for people living with dementia.

This area for improvement has been met.

Previous area for improvement 4

To support positive outcomes for people, the provider should ensure personal care meets people's assessed needs to promote their dignity and maintain skin integrity.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 4 September 2025.

Action taken since then

People were supported well with continence and assistance to the bathroom. A good overview and analysis of skin concerns was evidenced in records. We saw referrals being made to podiatry when this was required. Care plans sampled overall showed improvement with recording and alleviating equipment for skin being provided.

This area for improvement has been met.

Previous area for improvement 5

In order to enhance and improve residents' care experiences, personal care records should be evidenced well and staff practice should be observed. Any improvements should be acted upon as part of the auditing process.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) "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 4 September 2025.

Action taken since then

We noted there was some gaps in personal care records. It was unclear if this was a recording issue or if the care had not been undertaken. There was frequent gaps in oral care records for people, and some charts had been completed for both dentures and teeth making it difficult to ascertain what had been carried out.

This area for improvement will be repeated.

Previous area for improvement 6

In order to keep people safe and well cared for, reference checks should be followed up robustly in line with safer recruitment guidance.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) 3.14 "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 4.14).

This area for improvement was made on 4 September 2025.

Action taken since then

We sampled reference records for newly recruited staff. It was evidenced that references provided were in line with safer recruitment guidance.

This area for improvement has been met.

Previous area for improvement 7

To ensure residents are cared for by competent and skilled staff, all out of date mandatory training should be completed without delay. Nurses should be supported to attend wound care training offered to refresh their knowledge.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) "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 September 2025.

Action taken since then

Some mandatory training was not completed for some staff as we would expect. This was mainly with regard to infection prevention and control and adult support and protection. The manager has agreed to ensure staff complete these modules without further delay. The wound care training is continuing to ensure all nurses have undertaken this.

This area for improvement will be repeated.

Previous area for improvement 8

To support positive outcomes for people, the provider should ensure people experience an environment which is clean and well maintained, and has a robust quality assurance

This is to ensure care and support is consistent with Health and Social Care Standard 5.22: I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

This area for improvement was made on 4 September 2025.

Action taken since then

We had no concerns with regard to the cleanliness of the environment. We noted that daily management walk rounds were evidenced, with any actions that were required undertaken promptly. We spoke with a member of the housekeeping team who told us there was enough staff to meet the environmental tasks expected of them.

This area for improvement is fully met.

Previous area for improvement 9

In order to keep people safe, the garden pathways should be maintained and cleared of any hazards such as trailing plants and weeds.

This is to ensure care and support is consistent with the Health and Social Care Standard "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 4 September 2025.

Action taken since then

We saw evidence in contractor records that pathway hazards had been cleared and maintained.

This area for improvement has been met.

Previous area for improvement 10

To ensure the care and support meets the wishes, preferences and needs of people if their health should decline, a personalised approach should be taken regarding anticipatory care planning.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) "I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me (HSCS 3.13).

This area for improvement was made on 4 November 2025.

Action taken since then

We sampled records that evidenced these were more person centred, with consideration for people's wishes and comments being recorded within their plans.

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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