

Southside Older People's Services Care Home Service

Bankhall Court
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Glasgow
G42 8JS

Telephone: 01414 240 801

Type of inspection:
Unannounced

Completed on:
23 October 2025

Service provided by:
The Mungo Foundation

Service provider number:
SP2003000182

Service no:
CS2010270387

About the service

Southside Older People's Services is registered to provide a care service at Bankhall Court to a maximum of 17 older people (50 years and over) who have dementia, and at Annandale Street to a maximum of eight older people with mental health problems.

Bankhall Court has four floors accessible by lift or stairs. Each floor has a separate seating area. All bedrooms have en suite facilities and an enclosed balcony. People are able to access their bedroom using a personal key fob. There is a large bathroom which offers the facility for assisted bathing. The main communal lounge/dining area is located on the ground floor. Other communal spaces include a large activities room and a dining and kitchen area on the top floor. Outside space consists of a small courtyard garden and a rooftop terrace.

The Annandale Street project is located on the ground floor. Each bedroom has an en suite toilet. There is a shared bathroom and separate shower room. The lounge/dining area is open plan with the kitchen. Outside space consists of a courtyard garden which is directly accessible from four of the eight bedrooms.

At the time of the inspection, there were 22 people living in the service (15 in Bankhall Court and seven in Annandale Street).

About the inspection

This was an unannounced inspection which took place on 21 and 22 October 2025. The inspection was carried out by two inspectors from the Care Inspectorate. Feedback was provided to the management team on 23 October 2025.

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 eight people using the service
- spoke with three family representatives
- spoke with 10 staff and management
- spoke with three external professionals
- reviewed one questionnaire returned by a family representative
- reviewed documents.

Key messages

- The service was highly person-centred, sensitive and responsive towards people's emotional needs.
- People's health needs were quickly identified and addressed.
- People using the service were very happy with the care they received.
- Family were very happy with how comfortable and at home their family member felt.
- Improved signage in the home would benefit people's access to communal areas.
- Oversight of medication administration by management could be improved.

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 setting?	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?

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.

We saw sensitive interactions between staff and residents that demonstrated genuine knowledge and care. People felt they could freely approach staff and they would be listened to. A member of staff told us she was encouraged by management to spend time with people one-to-one, chatting with them or just being with them. People felt valued.

People were treated as individuals, with a positive effect on their wellbeing. A visiting professional told us: "Staff are really pro-active in meeting people's needs. They are holistic and person-centred."

A person told us, "We are all together here." Family members commented on the relaxed atmosphere. They said that staff were like family to people. This had a positive effect on people's wellbeing. One relative observed that on returning to the home their loved one sank comfortably into a chair and looked as if to say, "I'm home". There was a family feel to the home which promoted a sense of ownership and belonging.

People participated in a wide range of meaningful activities. On the day we visited three residents went out as a group to the transport museum. One person had been gradually building up their level of walking, benefiting general health and mobility, and working towards attending a local gym. We also heard about a resident who had been supported to attend football matches of their favourite team. Family told us about receiving photographs of their loved one at the match, which meant they too could be involved and informed. This same individual had been supported to attend a reminiscence group at the football club, of positive benefit to their health and wellbeing.

The service was highly person-centred in recognising people's unique needs. A visiting professional told us about a person with whom they were involved. They said that the service had, "turned their life around." The service had worked to overcome multiple challenges so that a person's pet could come with them to live in the home. Family commented that this had made the person's move into the home much easier. The service had also promoted and encouraged a person's ongoing contact with family members whilst they lived for a temporary period in the home. This had included environmental changes to accommodate the needs of visitors. This continuing contact was very important to the entire family.

We noted during our visit that people were being offered the opportunity to continue with elements of practising their faith. This recognised and facilitated people's previous and continuing life choices, and promoted spiritual wellbeing.

People should be able to enjoy eating nutritious food that they like. One person we spoke to said, "The food is great." People were given choices at mealtimes. We saw people being supported sensitively to enjoy a mealtime experience in the way that best suited them. People were seen to enjoy their meal in a calm and unhurried environment. Staff interactions were warm and respectful, with individuals that required assistance being supported in a dignified manner. We saw examples which illustrated staff were person-centred in responding to unique personal needs or preferences.

Personal plans captured key information about people so that staff could support them according to their individual needs and preferences. Appropriate risk assessments were in place to keep people safe. Staff knew people well. They were able to talk to us about the challenges that people they supported faced. These could be numerous and complex but staff balanced this with stories of when people were happy and how they encouraged this through reassurance and humour. Staff treated people with respect. Staff told us that they worked in a supportive team of whom they could ask any questions about residents. They also spoke of supportive management. A cohesive team meant that people experienced continuity and consistency of support from people who knew them well and in whom they could place trust.

People should be confident that any health needs they have are addressed. Personal plans contained useful monthly summaries that reflected on any health needs, particular events, and also contact with family that met people's emotional needs. Records indicated pro-active health checks and screening took place for people. The service recorded all contacts with health professionals in people's plans together with any action points required, promoting continuity and consistency of care. Staff training was implemented for conditions such as diabetes so that people could be supported safely and effectively. One family member told us, "where there is an issue with their health the staff are right on it." People's health needs were being monitored and addressed as needed so that they could remain as healthy as possible.

Prescribed medications should be administered at the right time, in the right dose, so that they can be kept safe. We found some inconsistencies in recording and in medication procedures, in particular relating to the administration of medicinal creams. People's care and support would benefit from a more robust quality assurance process for medication management and administration (see area for improvement 1).

Areas for improvement

1. In order that people can be confident in their care and support, the manager should review the medication audit procedure. This should include establishing and implementing an appropriate frequency for the audit of medication administration records and for the observations of staff practice.

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) and "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We observed that the service was clean and well-presented. There were no intrusive smells. Individual bedrooms were personalised and maintained to a good standard. In Bankhall, en suites in every room promoted privacy for people. However, some areas of the home lacked features that would have made them feel more homely.

We identified minor issues requiring repair. Some flooring, particularly in bathrooms, needed attention to ensure compliance with infection prevention and control (IPC) standards. The manager assured us that remedial work would be undertaken.

Bankhall Court was bright, comfortable and spacious. Communal rooms included the lounge, a visitors' room, an activities' room and a dining room area on the top floor. One family member told us that staff had recently arranged the top floor dining area for family to celebrate a person's birthday.

Laundry rooms facilitated good infection prevention and control. Appropriate personal protective equipment was available for staff.

People should expect to be able to easily access outside space to promote health and wellbeing. In Bankhall Court, the available outside space was limited and due to maintenance the roof terrace was not accessible. A family member commented about the lack of immediately accessible outdoor space. The layout of the home over four floors meant that outdoor spaces were not always easily accessible to people living on the different floors. This had the potential to negatively impact the quality of life for individuals who have expressed a desire and need to spend time outside. We signposted the manager to the Mental Welfare Commission for Scotland good practice guidance, Rights, risks, and limits to freedom to inform their continuing work to improve the service environment.

We found signage throughout the home could be improved for people with a diagnosis of cognitive decline. People could be limited in independently accessing areas due to lack of clear signposting, including available outside spaces. We discussed with the manager about using a validated tool to assess the environment's suitability for people with cognitive impairment, such as The King's Fund audit, to support further improvements. The manager had previously made use of this tool and we were assured would carry out further audits to improve accessibility for people. This would encourage and facilitate people's independence, with a positive effect on wellbeing.

We were satisfied that the service had appropriate maintenance schedules in place for the equipment that people used. Certification was in place and the necessary inspections had been carried out to ensure the health and safety of the environment and services in the building. This meant people would be kept safe.

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 develop current quality assurance systems to ensure improvements are identified and translate into support plans. Updates to notifications should be provided to the Care Inspectorate when requested and reflect the outcome and inform of any future measures taken to keep people safe.

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 robust and transparent quality assurance processes" (HSCS 4.19).

This area for improvement was made on 26 April 2024.

Action taken since then

We could see from plans and activities undertaken that people were working towards goals they had set together with family during a review process. Personal plans were regularly updated and their contents served to keep people safe. Notifications to the Care Inspectorate were reviewed prior to the inspection. Updates to notifications had been provided.

This area for improvement had been met.

Previous area for improvement 2

In order that people can be confident staff take a consistent approach, staff should complete monitoring records aligned to best practice guidance and care reviews should capture feedback from key people and identify future goals.

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

This area for improvement was made on 26 April 2024.

Action taken since then

Sampling of monitoring records for health needs indicated regular and consistent recording. Reviews captured people's goals through discussion with them and people important to them. Family members told us they were actively involved both in regular reviews and also in day-to-day contact with staff to influence the care and support of their loved one.

This area for improvement had 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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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