

## Westlea Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
26 November 2025

**Service provided by:**  
Third Life Care Limited

**Service provider number:**  
SP2003000159

**Service no:**  
CS2003000820

## About the service

Westlea Care Home is registered to provide a care service for a maximum of 55 older people.

The home provides single accommodation, with ensuite facilities, over three floors, accessed by lift or stairs. Each floor promoted small group living with access to their own communal areas.

The home is situated in a quiet, secluded area surrounded by woodland close to Neilston, East Renfrewshire, local amenities and public transport. There is parking and an enclosed garden at the front of the building.

During this inspection there were 50 people living in the service.

## About the inspection

This was an unannounced inspection which took place on 24 to 26 November 2025, between 07:00 and 18:00. The inspection was carried out by two inspectors and an inspection volunteer from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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:

- received feedback from 13 people using the service and 15 family members
- received feedback from 21 staff, including management
- reviewed relevant documentation
- observed practice and daily life
- received feedback from three visiting health professionals.

## Key messages

- The staff team were knowledgeable about people's needs and demonstrated positive values.
- Activities promoted stimulation, movement and enjoyment for those involved.
- Health and wellbeing needs were seen to be managed well.
- People benefited from small group living which provided a homely, clean and well-maintained place for people to live.

## 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?	5 - Very 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 evaluated this key question as very good, where the service's performance demonstrated major strengths in supporting positive outcomes for people.

We observed very positive interactions between staff, people living in the home and their relatives. Staff were seen to be respectful, warm and caring in their approaches with people which promoted a relaxed and calming atmosphere throughout the home. The staff team were knowledgeable about people's needs and demonstrated positive values. Staff also showed awareness of maintaining people's privacy and dignity when dealing with personal care.

Relatives told us, 'I think Westlea is such a lovely caring home where we feel very welcome and my relative is very settled in such short time', 'I am extremely happy with the care my relative receives from Westlea. I feel from where they were has been a massive change for the better. Can't fault the staff at Westlea', 'my relative's demeanour has changed so much in the past few months it's so nice to see them happy and content', 'the care is first class...five stars'.

How people spend their day is important in maintaining people's physical and mental wellbeing. There was a dedicated activities co-ordinator who worked hard to maintain levels of activity, movement and stimulation for people living in the home. A second activities co-ordinator had recently been recruited and this will further strengthen engagement and maximise opportunities for people. There was evidence of planned activities which offered a variety of group, one to one, indoor and outdoor activities. These also included outings and celebrations of special days. We saw that the use of social media helped to keep friends and relatives up to date and people were involved in decisions about activities through meetings.

During the visit, we saw people taking part in activities, mostly in small groups or one to one, which promoted stimulation, movement and enjoyment for those involved. Individual records of people's involvement and experiences were recorded and we discussed how they could further capture people's choices and feedback on how they felt about activities, as well as the importance of recording engagement provided to people in bedrooms. This would help to ensure everyone including people who were unable to attend group or outdoor activities were fully included. People told us, 'I enjoy being involved in anything', 'I enjoy being involved in some of the activities' 'more time out in the garden weather permitting', 'more days out', 'possibly more variety of activities but my relative is not bothered about joining in so not really a big issue for us'.

People have the right to appropriate healthcare. We found staff handovers to be detailed and informative, and saw that there were systems in place to assess and monitor people's health and wellbeing needs. People's stress and distress, falls prevention, wounds and medication, including 'as required', were seen to be managed well and in line with best practice. One relative told us, 'my relative has settled in well and regained weight after a few weeks of not eating. They are content and not distressed at all'. There were audit systems in place and any clinical issues were discussed at daily staff meetings. This helped to ensure that any concerns were quickly identified and addressed.

We were aware of recent incident and complaint investigations which were near completion and from discussions with management, we were confident that the issues would be addressed. We discussed how the wider staff team would benefit from the learning from these or other similar events.

Referrals to and input from relevant healthcare professionals such as, care home liaison nurse, GP, community psychiatric nurse, dietitian and podiatrist was evident. Feedback we received from social work and health colleagues reflected a knowledgeable and proactive team, who submitted appropriate referrals and followed their advice, 'care is person-centred and I have known people's health and wellbeing to improve upon moving from long-term hospitalisation to Westlea', 'anything highlighted is addressed right away and really confident in the management and staff', 'consistent staff team who are knowledgeable about the information I need and good at following any advice given'. This helped to ensure that people were getting the right care for them.

We observed people's mealtime experiences and found these to be a positive and calm experience. People were provided with relevant support to eat and drink, including people who took meals in their bedroom. Catering staff were aware of people's nutritional needs and preferences, and meals including textured diets were seen to be well presented. We saw that people had access to snacks and drinks out with mealtimes, including home baking and milkshakes.

We saw that personal plans contained up to date and person-centred information, reflecting individual preferences and what was important to people. Care and support needs were regularly reviewed and daily records reflected the care and support provided. We saw that measures were in place to maintain people's privacy, while in their bedroom. Some people had keys to their bedroom and we asked management to ensure that any additional measures were clearly recorded as a personal choice with agreements or consents in place. Management addressed this during the inspection.

Six monthly care reviews were up to date and showed detailed discussions, with people and their relatives, about all elements of their care and support, as well as people's reflections and feedback on the care and support provided. People told us, 'They have involved us so much in the ongoing care and support of our relative', 'I speak with the team every week on my visits, and find them open and understanding', 'the manager and assistant manager, lead nursing and care staff are first class and always available', 'strong leadership, staff seem happy and are able to work as a team'.

Staff and people spoken with, felt that staffing levels were appropriate to met people's needs. We saw that staff completed ongoing mandatory training and had recently commenced. Promoting excellence dementia and delirium training. This was relevant to the care and support of people living in the home.

As part of the Staffing legislation, we asked management to ensure that staffing level discussions were captured in meetings and surveys with people living in the home, their relatives and staff. Although the provider did not offer a specific employee assist programme, staff were supported by management whenever needed and signposted to relevant resources. We shared information on the National Wellbeing Hub which provided access to relevant support and resources for staff.

## How good is our setting?

## 5 - Very Good

We evaluated this key question as very good, where the service's performance demonstrated major strengths in supporting positive outcomes for people.

People who live in the home should experience a high quality environment. The home was found to be clean, tidy and odour free. All décor and furnishings were seen to be maintained to a high standard. There were some areas of repainting or repair needed, however work was planned to address these.

The home offered individual bedrooms, with ensuite toilet and shower facilities, which were personalised to peoples' own tastes. Each floor promoted small group living with access to communal bathrooms, their own lounge areas and some had areas used for dining, with the main dining area on the ground floor. All communal areas were bright and comfortable with relevant pictures and themes. Corridors were well-lit with contrasting coloured handrails, helping people to move around safely. Seating areas were provided in the main atrium and corridor areas which allowed people to rest when walking around. We received some comments about the current use of the atrium and we asked management to consult with people, their relatives and staff about how or if they wanted to use this space differently.

People also had access to a hairdressers room, activity room and tea bars which provided additional spaces for people to use and enjoy. We found that the tea bar facilities needed monitoring to ensure that they were maintained and provided relevant supplies. Management addressed this during the inspection.

The home's garden area provided an enclosed and safe outdoor space for people to sit and access fresh air. People told us 'the home is always clean and provides a safe and inviting place for residents to live and families to visit', 'bright, clean, welcoming and plenty of quieter communal areas for those not wanting to be busy', 'it is quiet, and very well maintained, both the building and the gardens'.

Staff were seen to practice appropriate infection prevention and control around the use of personal protective equipment (PPE), cleaning practices and management of laundry.

There were clear maintenance systems and servicing contracts in place to keep people safe. Quality assurance systems helped to highlight any areas for improvement and reflected a culture of continuous improvement.

## 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 that people receive the right information at the right time, the manager and staff should be open, honest, and transparent in their timely communication with people receiving care or their representative. This should include, but is not limited to, updating communication records to accurately record these discussions.

This is to ensure care and support is consistent with Health and Social Care Standard 2.14: I am fully informed about what information is shared with others about me.

**This area for improvement was made on 12 December 2024.**

#### Action taken since then

People spoken with told us that they were kept up to date and they were confident that staff would contact them when needed. Personal plans, viewed, showed records of regular communication with relatives.

We also saw that staff had completed Effective communication training and that the manager had completed a record of conversation, to discuss the expected practice.

**This Area for Improvement has been met.**

#### Previous area for improvement 2

To safeguard the health, wellbeing and safety of people experiencing care, the manager should ensure staff provide the level of care and oversight that is agreed in the person's personal plan and/or risk assessments. This should include, but is not limited to, keeping accurate records when regular visual checks are required and updating care plans when a person's needs change.

This is to ensure care and support is consistent with Health and Social Care Standard 5.16: The premises have been adapted, equipped and furnished to meet my needs and wishes.

**This area for improvement was made on 12 December 2024.**

#### Action taken since then

Personal plans, viewed, showed that care plans and risk assessments had been reviewed on a regular basis and updated when people's needs had changed, for example, following an incident or change in health.

Plans also indicated where people were unable to use the call bell and the measures in place to keep people safe.

**This Area for Improvement has been met.**

## Previous area for improvement 3

The manager should implement more effective governance and quality assurance measures to ensure that these drive improvements and support good outcomes for people receiving care.

This ensures 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 23 March 2023.**

### Action taken since then

There was evidence of robust quality assurance through regular audits, meetings with staff, people living in the home and their relatives, including care review meetings. The Service Improvement Plan was linked to the quality framework and reflected identified areas that were planned or had been completed.

**This Area for Improvement has been met.**

## Complaints

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



## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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