

Ailsa Craig Care Home Service

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Cessnock
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Type of inspection:
Unannounced

Completed on:
9 December 2025

Service provided by:
HC-One No. 1 Limited

Service provider number:
SP2016012770

Service no:
CS2016349810

About the service

Ailsa Craig care home is registered to provide care and support for up to 90 people in a purpose-built building located in the Govan area of Glasgow. The provider is HC-One No. 1 Limited.

The service has three units. Bute which provides both enhanced residential care and an intermediate care to people. Rothesay which provides nursing care and Millport which provides nursing and dementia care.

People who use the service have individual bedrooms with toilet and hand washing facilities. Separate accessible communal shower rooms and bathrooms are in place in each of the units. There are communal lounges and a dining room within each of the units. Each unit has a garden area. To the front of the property, visitors have access to car parking facilities. The main office building also provides the kitchen and laundry facilities.

There were 85 people living in the care home at the time of the inspection.

About the inspection

This was an unannounced follow-up inspection which took place on the evening of 8 December 2025 and during the day on 9 December 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with four people using the service
- spoke with nursing and care staff
- observed practice and daily life
- reviewed documents.

Key messages

- Staff practice had improved meaning people's personal care needs were being met.
- There had been improved monitoring of staff practice, direction and improved leadership throughout the home.
- People benefited from improved and meaningful interactions being offered by staff.
- Overall, there had been improvements made with assessment, care planning and monitoring records.

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 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

We have recorded our findings under the section - What the service has done to meet any requirements we made at or since the last inspection.

We found there had been sufficient improvement in the practice of staff in meeting people's personal care needs and improved monitoring by the management team to promote consistency of practice.

We have, therefore, regraded the evaluation of quality indicator 1.3 People's health and wellbeing benefits from their care and support upwards from adequate to good.

How good is our leadership?

4 - Good

We have recorded our findings under the section - What the service has done to meet any requirements we made at or since the last inspection.

We found there had been sufficient improvement with staff demonstrating greater understanding of their role, better deployment of staff and improved monitoring by management leading to positive outcomes for people.

We have, therefore, regraded the evaluation of quality indicator 2.2 Quality assurance and improvement is led well upwards from adequate to good.

How well is our care and support planned?

4 - Good

We have recorded our findings under the section - What the service has done to meet any requirements we made at or since the last inspection.

We found there had been sufficient improvement with assessment, care planning and auditing.

We have, therefore, regraded the evaluation of quality indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes upwards from adequate to good.

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

Requirements

Requirement 1

By 19 November 2025, the provider must ensure people's care and support needs are promptly and appropriately met by staff. To do this, the provider must, at a minimum:

- a) Ensure staff meet each person's personal care and continence needs when required. Staff must follow best practice to promote each person's dignity.
- b) Management and designated staff must monitor staff practice to ensure people's needs are being consistently and timeously met.

This is in order to comply with Regulation 4(1)(a) 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 Health and Social Care Standards (HSCS) which state that: "If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected" (HSCS 1.4) and "My care and support meets my needs and is right for me" (HSCS 1.19).

This requirement was made on 14 October 2025.

Action taken on previous requirement

We observed significant improvement when we visited the service.

People's personal appearances had improved. Staff had taken the time to ensure that each person was well-presented. They had been appropriately supported to maintain their personal hygiene whilst maintaining their dignity.

The management team had used a range of methods including staff observations, group supervisions and informal discussions which led to improved staff practice. Staff, through interviews, demonstrated better understanding of the need to deliver good standards of care and were motivated to do so. An improved person-focused culture had been created.

Met - within timescales

Requirement 2

By 19 November 2025, the provider must ensure that there is a management team which clearly leads and directs staff to ensure consistent standards of care are provided and promote positive outcomes for people across the whole home. To do this, the provider must, at a minimum:

- a) Ensure that all staff are clear of their role and responsibilities when delivering care and support.
- b) Ensure that care and support leads to positive outcomes for people living within the service.
- c) Ensure that there is appropriate deployment of staff within each unit to meet people's needs timeously.
- d) Regularly monitor that staff are following best practice guidance.

This is in order to comply with Regulation 4(1)(a) 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 care and support meets my needs and is right for me" (HSCS 1.19) and "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

This requirement was made on 14 October 2025.

Action taken on previous requirement

The management team had issued role profiles to each staff member. They also discussed expectations as far as staff fulfilling their role as part of group supervisions discussions. Each staff member had signed to confirm they understood what was expected of them and agreed they would adhere to the role profile.

Staff now demonstrated a good understanding of how they should promote good standards of care as individuals and collectively as a team.

Feedback from staff interviews supported that the management team was closely monitoring staff practice. The unit manager had worked collaboratively with colleagues, helping them to understand how care and support should be delivered. These measures had led to positive outcomes for people living within the service. We saw how personal appearances had improved and staff engaged meaningfully when we observed the quality of interactions.

Staff rotas took account of the skill mix and experience needed for each shift. Staff deployment was considered as part of the handover and had been used to good effect. Direct observations had also ensured that staff consistently adopted good practice.

Met - within timescales

Requirement 3

By 19 November 2025, the provider must ensure service users' health, safety and welfare needs are appropriately assessed, documented, and effectively communicated between all relevant staff, and met.

This must include, but is not limited to ensuring that:

- a) Staff complete and record an accurate assessment of individuals' health, physical and mental health needs which informs associated personal plans. This must include, but is not limited to - nutritional/hydration needs, skincare needs, supporting people with distressed behaviours, epilepsy and advanced care plans.

b) Personal plans are implemented and care is delivered in accordance with the assessed needs of each individual service user. This should include accurate daily recordings completed by staff.

c) Improved monitoring through robust auditing is implemented to evaluate the effectiveness of care interventions and the outcomes used to direct staff on how to support people. Training should be made available to help staff understand their responsibilities of keeping up-to-date accurate records.

This is to comply with Regulations 4(1)(a) and 5 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 (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) and "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

This requirement was made on 14 October 2025.

Action taken on previous requirement

People had up-to-date assessments including those which identified changes to their health needs. These were reviewed regularly. Overall, we concluded assessments informed support planning.

Staff reported that they accessed support plans using handheld devices for the electronic care planning system. They also attended handovers where new information on the changing needs of people was shared. This ensured staff were well-informed and able to provide care aligned to current needs.

Management audits had been carried out and some had led to improvements in the overall quality of support plans. Ongoing development and refinement were needed to ensure consistent improvements. This is an area of work that should be continued.

Staff highlighted that they had received training on the importance of recording care interventions at the time they occurred. Records sampled showed improvements in this area, suggesting that training has had a positive effect on practice.

Whilst it is recognised that progress had been made, the service should continue to ensure assessments consistently inform care plans and audits drive meaningful change. We will monitor progress in future inspections.

Met - within timescales

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
1.3 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 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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