

# Nightingale House Care Home Service

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Paisley  
PA1 3QZ

Telephone: 01418895338

**Type of inspection:**  
Unannounced

**Completed on:**  
12 December 2025

**Service provided by:**  
Sterling Care Homes Ltd

**Service provider number:**  
SP2003002231

**Service no:**  
CS2003010219

## About the service

Nightingale House is registered to provide a care home service for up to 43 older people with a range of needs, including dementia. Within the maximum of 43 places, there are two places for adults under the age of 65 years. The provider is Sterling Care Homes Ltd.

Nightingale House is a listed building with several conversions to create 41 rooms with ensuite facilities. Accommodation is arranged over two floors in two distinct units, referred to as the 'main house' and the 'annex'. Each unit has several bedrooms supplemented by lounges and dining areas on the ground floor, with additional quiet rooms and assisted bathrooms.

Additional areas within the service include a tearoom and a potting shed. The home is located in a residential area of Paisley, close to local amenities.

There were 31 people using the service at the time of this inspection.

## About the inspection

This was an unannounced inspection which took place on 9, 10 and 11 December 2025. The inspection was carried out by one inspector from the Care Inspectorate. A team manager was also present as part of the Care Inspectorate's quality assurance process.

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 five people using the service and four of their family members
- spoke with six staff including management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional
- considered the returned Care Inspectorate survey questionnaires completed by two people using the service, five relatives, six professionals and five staff.

## Key messages

- Staff were committed and built compassionate and trusting relationships with people.
- Good communication between staff and visiting professionals ensured timely and well-coordinated healthcare.
- Further development of personal plans is needed to ensure they fully and accurately reflect people's needs and how these will be met.
- The provider had developed an environmental improvement plan and a number of early improvements had been made.

## 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 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?

4 - Good

We evaluated this key question as good. We found several strengths that had a clear and positive impact on people's experiences and wellbeing. These strengths outweighed the areas that required improvement.

People experienced warm and respectful interactions. Staff knew individuals well, recognised their preferences and offered support that felt meaningful to people. As a result, people felt valued, comfortable and understood. Families told us they felt welcome when visiting, which reassured them and increased their confidence in the care being provided.

Staff responded promptly when people's health needs changed, making timely referrals to other professionals where required. Visiting professionals told us their relationship with the service was strong and that good communication ensured people received attention without delay.

Monitoring tools such as bowel, food and fluid charts were in place. While these were used regularly, a blanket approach was sometimes used rather than basing their use on a person's assessed need. This meant staff were recording information unnecessarily and, at times, this reduced the meaningfulness of the information. Some records showed that people did not meet fluid targets or had not had a bowel movement for several days. This created a risk that emerging health concerns could be missed. The manager had recognised this and had begun work to improve the approach.

Medication was managed safely. We observed well organised medication rounds, accurate recording and clear protocols for "as required" medicines. People received their medication at the right time and as prescribed, which reduced health risks and promoted confidence in the service.

People appeared well nourished. They benefitted from good nutrition and hydration. Snacks and drinks were accessible and well used. Meals were of good quality with plenty of choice. Modified diets and fortified options were provided when needed. This contributed to safe and enjoyable mealtimes.

Personal planning had improved since the previous inspection. Plans were more person-centred and better reflected people's choices, helping staff provide care that respected dignity and individuality. However, some information continued to be too task-focussed. Daily notes were often descriptive rather than evaluative, meaning that important changes in people's wellbeing could be missed. The service should continue to improve in this area.

A wide range of activities supported social contact and reduced isolation. People were encouraged to take part in experiences that promoted a sense of belonging and connection with daily life. This supported people to feel more connected to each other and reduced feelings of isolation.

## How good is our setting?

## 4 – Good

We evaluated this key question as good. We found improvements within the environment that had a positive impact on people's comfort and experience. These strengths outweighed the areas that still required further development.

The provider had made a number of improvements to the environment. We saw good progress and ongoing work across the home. Some decoration work had been undertaken in communal areas and corridors had been painted in different colours to assist people with navigation around the home. A newly appointed maintenance worker meant repairs were being addressed more quickly, and external contractors were completing larger pieces of work.

The manager had undertaken a full walk-round of the home and developed a detailed environmental development plan, setting out responsibilities and timescales. The provider had also completed the King's Fund environmental audit and incorporated its findings into the plan.

Several parts of the home still required refurbishment, including staff areas which were not included in the environmental development plan. However, the provider's structured and proactive approach to improving the environment gave confidence that progress would continue.

Despite the ongoing need for refurbishment, the home was very clean. Housekeeping standards were high, and people lived in a hygienic and well-kept environment. Cleaning staff followed the National Infection and Prevention Control Manual for Care Homes (NIPCM) and used single-use products, and had appropriate training. Enhanced cleaning protocols were in place during outbreaks, helping to keep people safe.

People had access to a variety of spaces, including lounges, a tearoom, an activity hub and quieter areas. This gave people choice and independence, enabling them to spend time in ways that suited their preferences and needs. As a result, people experienced a more comfortable and supportive environment.

## 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 provider should develop an environmental improvement plan to ensure oversight of all outstanding repairs are planned and completed in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is safe and secure' (HSCS 5.17); and '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 25 February 2025.**

#### Action taken since then

The provider had developed an environmental improvement plan that clearly set out the work required and timescales for completing it.

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

#### Previous area for improvement 2

The service should involve people and undertake a full audit of the environment using the Kings Fund Tool 'Is your housing dementia-friendly?'

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11); and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

**This area for improvement was made on 25 February 2025.**

#### Action taken since then

The provider has carried out a detailed audit of the environment using the Kings Fund Tool. The findings from this audit were then incorporated into the environmental improvement plan.

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

#### Previous area for improvement 3

Personal plans should reflect people's current care and support needs. Outcomes should be developed which are person-centred and reflect people's choices and wishes. If people experience stress and distress

there should be clear strategies of how to offer support. Daily recording should be meaningful, detailing how people spend their day, and include significant conversations about changes in their health or wellbeing.

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 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 25 February 2025.**

#### **Action taken since then**

Personal planning had improved since the previous inspection. Plans were becoming more person-centred and reflected people's choices, helping staff provide care that respected dignity and individuality. However, some information continued to be overly task-focussed, which meant people's lived experiences were not being fully captured. Daily notes were often descriptive rather than evaluative, limiting how useful they were in supporting outcome-focussed planning. Care plans showed that staff had begun to detail strategies on how to support individuals experiencing stress or distress. However, this was not consistent across all relevant care plans, and further work in this area is still required.

**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).

## 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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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