

Eastpark Gardens, Abbeyfield Rutherglen Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Abbeyfield Rutherglen Society Ltd

Service provider number:
SP2004006270

Service no:
CS2003001376

About the service

Eastpark Gardens, Abbeyfield Rutherglen is registered as a care home for up to 18 older adults. The provider is Abbeyfield Rutherglen Society Ltd.

The purpose built home is situated in a residential area of Rutherglen, South Lanarkshire. The service is accessible to public transport routes and within walking distance of local shops and community amenities. The care home has a car park and a garden area that can be enjoyed by the residents of the home and visitors.

The care home consists of one purpose-built building. There are 18 single bedrooms, seven of which have ensuite showers and toilets. There is access to communal bathrooms for people who do not have ensuite facilities in their rooms. The building has a communal lounge/dining area and a conservatory. There is a lift to access to the first floor within the home.

(At the last inspection of 30 October 2024, the care home was known as Abbeyfield Extra Care House & Templeton House Care Home Service. This report reflects a change of name for the service).

At the time of inspection, there were 18 people living in the care home.

About the inspection

This was an unannounced inspection which took place between 4 and 6 November 2025 between 07:45 and 17:45 hours. Feedback was provided on 7 November 2025. The inspection was carried out by one inspector 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:

- Spoke with seven people who lived at Eastpark Gardens, Abbeyfield Rutherglen.
- Spoke to six relatives.
- For people unable to express their views, we observed interactions with staff and how they spent their time.
- Spoke with 10 staff and management.
- Spoke with one health professional.
- Observed practice and daily life; and
- Reviewed documents.

Key messages

- People experienced respectful, compassionate care and positive relationships with staff.
- Record keeping and PRN protocols for medication should be improved.
- Governance and incident reporting were inconsistent and must be improved .
- Staff training must be improved.
- The environment was safe, comfortable, and well maintained.
- Personal plans should be improved to include details about people's life history, preferences and routines.
- We have made eight areas for improvements and two requirements.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

There were a number of important strengths which clearly outweighed areas for improvement. The strengths had a positive impact on people's experiences, and we found the standard of supporting people's wellbeing to be good.

People felt they were treated with respect, supported by warm and caring staff who promoted choice and knew them well. Family members were pleased with the improvements in wellbeing and described staff as attentive and approachable. One resident said "staff are kind and very good". Relatives shared "My mum has improved on so many levels with the great care she gets". This demonstrated that people had felt appreciated and respected, with staff supporting their wellbeing and attending to their needs.

The service demonstrated strong values and prioritised supporting residents to regain or maintain independence. Family reported noticeable improvements in their relatives' wellbeing from a time when they had been unwell. The service effectively promoted independence and wellbeing, which resulted in clear improvements for residents previously experiencing ill health.

The management team maintained an overview of residents' health needs. Daily handovers and management meetings monitored weights, wounds, nutrition, with actions documented for staff reference. Diabetes management was supported by specialist nurses and careful recording of insulin administration. While falls and accidents were tracked, there were some gaps when recording on charts. The transition to fully digital records would help address these inconsistencies and enhance oversight. The service agreed to streamline this following the inspection, which gave us reassurance. Consistent monitoring and digital records reduce health risks and support safer, more effective care for residents (see area for improvement 1).

People benefitted from regular healthcare assessments, and we saw appropriate referrals and proactive action when people's needs changed. For example, contact with dietician, speech and language therapist (SALT), social work and falls team. Proactive healthcare assessments and collaborative referrals effectively supported residents' changing needs, positively impacting their health and wellbeing.

Medication Administration Record Sheets (MARS) had been used, with spot checks revealing discrepancies in medication counts that were attributed to recording issues. Protocols for as required 'PRN' and covert medication were not always available. Outcomes for PRN medication administration were not recorded consistently. The majority of staff had completed medication training, and competency assessments were up to date. Medication was administered safely, but record-keeping and PRN protocols should be improved to ensure timely, safer care for residents. Addressing this will enhance health outcomes and reduce risks. The management team had provided assurances that protocols would be developed where appropriate (see area for improvement 2).

The new activities coordinator enhanced the programme, offering more varied activities and individual support. This increased residents' opportunities to socialise and pursue interests, resulting in greater engagement and wellbeing. Outings and special events were well received. We were aware of an external entertainer who was due to visit the home during our inspection, but had to cancel at the last minute. Staff worked hard to secure an alternative entertainer to ensure residents who had been looking forward to the event, could still do so. This showed a commitment by staff to support people's social needs.

Dining experiences were pleasant but we suggested ways to further enhance this. Menus were displayed and the setting gave residents greater choice and dignity during mealtimes. Daily collection of meal preferences and an all-day menu, enabled residents to feel involved and ensured their needs were met flexibly. Enjoyable meals and tailored diets improved nutrition and wellbeing. However, observations of the dining area lacked social interaction and ambience. Residents wore their own aprons, but hand hygiene was not always observed. A dining experience audit was suggested to improve social interaction and experience. This will help improve dining experience, enjoyment and overall wellbeing for residents.

Areas for improvement

1. The provider should ensure consistent and accurate recording of residents' health information. Transitioning to fully digital records will help streamline monitoring, reduce inconsistencies, and promote safer, more effective care.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I have confidence in people because they are trained, competent and skilled (HSCS 3.14).

2. The provider should improve medication record-keeping and ensure clear protocols for as-required (PRN) medications will provide people with safer, more consistent care and better health outcomes.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14), and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, there were some strengths but these just outweighed weaknesses. The strengths had a positive impact, but key areas of performance needed to improve in relation to quality assurance and improvement being well led.

The management team regularly monitored training, supervision, and Scottish Social Services Council (SSSC) registration, with all staff registered and receiving supervision every six months. Overall, communication was positive, allowing staff to raise concerns, though some staff voiced a desire for greater opportunities for feedback.

There were gaps in management oversight and quality assurance. Key policies, including medication and supervision, were not available during inspection. Adult Support and Protection had not referenced current Scottish legal frameworks. This raised concerns about governance and regulatory compliance. Relevant and appropriate policies are necessary to strengthen compliance and foster greater confidence in leadership (area for improvement 1).

Systems were in place to provide management oversight of the home, including monitoring of people's health needs and audits of key areas. However, current audit practices lacked depth limiting the ability to identify trends and drive improvement. Analysis of information would support the service to identify trends and improve the overall quality and outcomes for people. (see area for improvement 2)

The service had an improvement plan which detailed timescales and intended actions to support continuous improvement.

This included updates on the upgrading of the environment. However, we identified areas for improvement which had not been captured as part of the development plan, such as updates on current training needs, people's feedback and focus on documentation.

We discussed ways the management team could further strengthen their service improvement plan through the inclusion of self-evaluation. We signposted them to the range of tools available via the care inspectorate hub.

There was a complaints policy in place and complaints were managed in accordance with company procedures. However, we noted instances where staff misconduct, arising from complaints, was not reported to the Care Inspectorate. Similarly, although accidents, incidents and protection concerns were raised with appropriate agencies, these were not consistently notified to the Care Inspectorate as required. The service was not adhering to the notification guidance for registered care services, specifically 'Adult care services: Guidance on records you must keep and notifications you must make' (Care Inspectorate, 2025). Failure to report and learn from complaints and incidents could compromise safety and expose people to potential harm, highlighting the need for more robust reporting systems, to ensure regulatory standards and accountability are maintained. (see requirement 1)

Residents and relatives' meetings had taken place. Relatives reported being invited to meetings, receiving minutes, and staying informed about service changes. Collecting feedback from relatives had been a challenge within the service with little feedback from surveys. Alternative approaches should be explored, to improve feedback collection and ensure everyone's views are gathered, including staff views. Feedback from residents, relatives and staff should be incorporated into the service improvement plan. This helps to support ongoing improvement and result in meaningful changes. (see area for improvement 2)

Requirements

1. By 7 March 2026, the provider must improve their internal recording, reporting and escalation of incidents. This includes ensuring that the Care Inspectorate are notified of all significant events as per Care Inspectorate Guidance, Adult care services: Guidance on records you must keep and notifications you must make, March 2025.

This is in order to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulations 21(2)(a-d) of The Regulations of Care (Requirements as to Care Services)(Scotland) Regulations 2002 (SSI 2002/114).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and 'I use a service which is well led and managed' (HSCS.4.23).

Areas for improvement

1. To ensure people are safeguarded from harm, the provider should ensure all key policies are current and available including, but not limited to, safeguarding policy refers to appropriate Scottish legislation to guide safe practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS): 'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27)

2. To support continuous improvement and enhance outcomes for people, the provider should strengthen audit processes by ensuring audits are robust, comprehensive, and include detailed analysis of findings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27)

3. To ensure people feel listened to, the provider should improve opportunities for feedback from residents, relatives, and staff, and ensure all views are incorporated into the service improvement plan to support meaningful change.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS): 'I am listened to and taken seriously, if I have a concern about the service' (HSCS 4.20), and 'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, there were some strengths but these just outweighed weaknesses. The strengths had a positive impact, but key areas of performance needed to improve in relation to quality assurance and improvement being well led.

Staff demonstrated a consistently kind and caring approach. We observed staff to be patient, supportive, and showed genuine rapport. Feedback from families praised support from the staff, however, some relatives commented on whether staffing levels were enough. Although concerns about staffing were noted, staff consistently delivered compassionate care.

Staff were registered with the appropriate professional body and had up to date PVG checks with management oversight. There was some evidence to show the service had followed safer staffing best practice for recruitment, however we did not see evidence of interviews taking place. This could impact confidence in staff suitability.

Staff felt supported during induction and checklists were completed for new staff. Induction included shadowing but could have been improved by focusing more on individual learning needs. Staff did not consistently complete required training both prior to and following the commencement of their roles. The registered manager assured us that this would be reviewed and prioritised. We signposted the management team to "A New National Induction Framework for Adult Social Care" to support staff training and development.

Staff received role-specific training, but key areas such as diabetes awareness and food hygiene were lacking. There was oversight of training, and we could see discussions had taken place at team meetings and supervisions. However, key staff such as housekeeping staff and kitchen staff had not completed necessary training. Inadequate training compromises both the quality of care provided and staff wellbeing, highlighting the need for improved training. (see requirement 1)

A dependency tool was in use to help determine staffing levels. However, staff reported feeling

overstretched during busier times, particularly at mealtimes and when providing one-to-one support at weekends. While staffing assessments suggested there was enough staff, these assessments did not take into account feedback from residents, staff, or observations. Having a more holistic staffing assessment ensures people receive the right care at the right time.

Although rotas generally showed consistent care staff, there were occasions when housekeeping staff were inconsistent and no contingency was in place. Inconsistent staffing can impact cleanliness, safety, and responsiveness, affecting overall care quality. (see area for improvement 1)

Staff understood their roles and responsibilities, including medication support and care delivery. Support was in place to ensure staff had opportunities for development for their registration. Staff reported they were happy and settled in their role, following service changes earlier in the year. Long-term staff had noticed positive improvements across all aspects of the service. Staff's understanding of their roles and recent improvements, have enhanced service quality and contributed to a positive working environment.

Supervisions and team meetings occurred regularly, however, attendance was sometimes a challenge. Team meetings covered key agenda items such as documentation, training, roles, and activities. We discussed ways to strengthen meetings by action tracking, and a focus on staff wellbeing. The service should communicate actions, so all staff share key learning and concerns, supporting team accountability. Improved communication and accountability help ensure people receive consistent, safe, and responsive care from a well-informed team.

Requirements

1. By 7 March 2026, the provider must ensure that all staff, including new staff, housekeeping, and kitchen staff, receive essential training and development opportunities to enable them to be competent in their roles.

To do this, the provider must, at a minimum:

- Develop and implement a clear training plan for all staff groups, including timescales for completion of mandatory training.
- Undertake a training needs analysis to identify required training for each role, including new staff, housekeeping and kitchen staff.
- Ensure all staff complete mandatory training (such as infection prevention and control, moving and handling, food hygiene, and adult support and protection) before starting work or as soon as possible after starting.
- Maintain an accurate record of all staff training, including refresher training and timescales for renewal.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

Areas for improvement

1. To ensure people experience safe and responsive care that meet their needs, the provider should review staffing arrangements. This should include observations, feedback from people and their representatives.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'My needs are met by the right number of people' (HSCS 3.15), 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17), and 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

How good is our setting?

4 - Good

There were a number of important strengths which clearly outweighed areas for improvement. The strengths had a positive impact on people's experiences and we found the standard of supporting people's wellbeing to be good.

The home was clean, tidy, and fresh smelling. People commented positively on improvements within the home and were keen for ongoing upgrades to take place. Staff and families described the home as welcoming and a relaxed atmosphere. Residents had a garden to access weather permitting. The environment was clean, comfortable and welcoming, which positively impacts residents' wellbeing and satisfaction.

People experienced a safe environment due to effective processes. Regular safety checks had taken place, and actions from the last fire assessment were completed. Maintenance was managed by a local professional, who was responsive and prioritised repairs. This ensured the home was safe and people experienced high quality facilities.

Monthly infection prevention and control walkarounds were carried out, with action identified and addressed. Staff were observed wearing PPE and following best practice. This ensures a safe environment for people.

The environment promoted small group living for people, creating a homely and personalised setting. The Kings Fund Tool best practice tool was used to review the environment to support dementia friendly setting, but we could not see an action plan for identified improvements. Dementia-friendly signage lacked in key areas around the home such as toilets, dining area and storage cupboards. People benefitted from a safe and homely environment, but clearer signage would further support independence and orientation.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, there were some strengths but these just outweighed weaknesses. The strengths had a positive impact, but key areas of performance needed to improve in relation to quality assurance and improvement being well led.

Personal plans featured key details to guide staff care and support such as individual needs, allergies, and nutritional risks. Care plans were outcome focused and accurately reflected people's needs.

Person-centred planning was inconsistent. Information on people's life and social histories were incomplete or lacked detail. The service had identified this need and continued to develop plans. Plans lacked details on people's values and preferences and what's important to them. Improved detail and family engagement will support better outcomes for people. (see area for improvement 1)

Several personal plans did not include detailed information regarding individuals' preferences for personal care or guidance on how staff can most effectively support people experiencing stress or distress.

Some care plans were missing details about specific triggers and strategies for providing support prior to administering 'as required' PRN medication. Though long-term staff knew residents well, information should be improved to ensure people are supported appropriately. The absence of specific detail in care plans risks less personalised care and may compromise residents' safety and wellbeing. (see area for improvement 1)

Risk assessments were implemented to safeguard individuals, including those at high risk of falls. Some of the risk assessments were not reviewed regularly in line with company policy. Risk assessments should be kept up to ensure information is accurate and minimise risk of harm. (see area for improvement 2)

Six monthly reviews had taken place. Relatives reported that they were involved in the review process, however, people's views were not captured. We discussed ways to enhance the review process by documenting people's feedback. This ensures reviews are more meaningful, fostering transparency and improved collaboration between staff, residents and their families.

The management team had oversight of people's capacity status and appropriate legal documentation was in place where needed. This ensures people's rights are respected. There was some information about future planning in people's personal plans. This piece of work was ongoing and requires further collaboration between managers and families for completeness.

Areas for improvement

1. The provider should strengthen personal planning by ensuring plans contain person centred information such as life histories, preferences, routines, and support strategies. This will help people experience safe, consistent, and personalised care, and support meaningful relationships.

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

2. To support people to experience safe and effective care, the provider should ensure all risk assessments are reviewed regularly and contain accurate information.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20), and '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).

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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