

## Greenfield Park Care Centre Care Home Service

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Glasgow  
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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300709

## About the service

Greenfield Park Care Centre was registered to provide care for 110 residents. The purpose built, single storey building in Carntyne, Glasgow included a main reception, offices, a relatives' room, and two wings comprising five units. Each unit had a lounge, dining area, and satellite kitchen, with single ensuite bedrooms throughout. Additional small rooms offered private space for residents and visitors. Recreational facilities such as an art room, pub, cinema, gaming room, and hairdressing salon were well used. All community spaces opened onto secure, well maintained gardens, and parking was available for visitors.

## About the inspection

This was an unannounced inspection which took place between December 15 and December 17 2025 between 07:20 and 20:00 hours. Four inspectors carried out the inspection.

To prepare for the inspection we reviewed information about the service. This included registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- Spoke with 31 people using the service and 7 relatives
- Spoke with 34 staff including management
- Spoke with 6 visiting professionals
- Observed practice and daily life
- Reviewed feedback from 9 pre-inspection questionnaires from people using the service, family members, external professionals and staff
- Reviewed documents

## Key messages

- Families were complimentary about the quality of care their loved ones received.
- People using the service were treated with dignity and respect.
- Staff were kind, caring, and compassionate.
- People were supported by the right number of staff at the right time to meet their needs.
- Personal Plans were person-centred, but further development was needed to evidence people's outcomes.
- Recording of peoples oral hygiene needed to be an accurate reflection on care notes.

## 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 good is our staff team?	4 - Good
How good is our setting?	5 - Very 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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were treated with compassion, dignity, and respect. We observed staff using their knowledge and skills to provide care in a warm and considerate manner. One resident shared, "Staff are lovely, nothings a bother" another person shared "I can't ask for anything more, I'm happy". Throughout the inspection, staff consistently interacted with individuals politely and respectfully, demonstrating a strong understanding of each person's needs.

People enjoyed a positive dining experience that provided a valuable social opportunity to come together, some communities were more organised than others. Those requiring additional support were assisted discreetly and with dignity, ensuring their needs were met in a respectful manner. People had a choice to dine in their own room or dining area. The food was healthy and nutritious. Feedback from people was actively considered when planning meals and introducing new dishes. An alternative menu was available, offering options tailored to individual dietary needs demonstrating responsive care and support.

The management of medication, wounds and falls was seen to be managed well, with appropriate input from relevant health professionals, such as care home liaison nurse, podiatrist, and GP. Staff handovers were detailed and informative, reflecting that staff knew people well.

The storage of prescribed topical creams and or ointments were not stored safely and securely. People could be at risk as they had access to these in their bedrooms. By having appropriate storage in place, it will protect people from harm. Management took this onboard and will be developing an action plan to ensure consistent practice throughout the home. (See area for improvement 1).

Spending time in the different communities, we found that people had not been receiving their oral care as recorded. We identified instances where staff had documented oral care as completed despite evidence showing it had not been carried out. For some people, we did observe oral care being provided, but this should have been consistent for everyone. The service had strengthened its approach to oral health, supported by access to a dentist, ongoing referrals, and staff completion of Caring for Smiles training. To ensure continuity, more regular observations of practice were needed, as oral hygiene was not being delivered consistently as required (see area for improvement 2).

People benefited from strong links with local primary schools, including primary schools in Europe and on-site church services, which helped them stay connected to the wider community and supported their spiritual wellbeing. People were also able to maintain close relationships with family members and others who were important to them. This was facilitated well, enabling people to preserve meaningful relationships. Visiting was encouraged, and a flexible approach was taken to accommodate individual preferences.

People were supported by a dedicated wellbeing team who oversaw in-house activities and community events. We saw photographs showing people taking part in various activities and celebrations. Some communities had an activities planner, it would have been beneficial for this to be in place across all communities. Activities were tailored to the skills and abilities of people in the different communities. People were regularly consulted about their preferences, and many spoke positively about meaningful ways to spend their time. Some people and relatives shared there needed to be more one-to-one activities, greater variety, and a more structured approach to meet everyone's needs. The service has taken this onboard and there is ongoing recruitment for another activities worker which will help to further enhance peoples experiences.

### Areas for improvement

1. People experiencing care should be protected from harm and safely supported. To achieve this, the care service should ensure items such as prescribed topical creams/ointments are stored safely and securely to reduce any potential risks to people accessing these.

This is to ensure care and support is consistent with Health and Social Care Standard 3.20: I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

2. Regular spot checks and observations should be carried out across all communities to ensure oral hygiene practices are maintained and accurately recorded in individual care plans.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14 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.

## How good is our leadership?

## 4 - Good

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

Since the last inspection, there had been a change in management, and people, staff, and relatives spoke positively about the improvement. One family member commented, "we can take things to management, and it gets addressed". Staff reported feeling supported and were confident that any concerns would be managed appropriately and escalated when needed. Communication within the staff team was effective. Leaders demonstrated passion and a clear vision for service improvement.

Quality assurance systems were in place, including medication audits, care plan reviews and compliance. This was being used to check that expected standards, and good practice guidance were being implemented. Some of these audits also included checking the quality of people's experiences.

Manager meetings were held regularly, allowing heads of departments to come together to discuss concerns and identify trends, such as increases in falls. This enhanced quality assurance and improved people's experiences.

The service had implemented self-evaluation aligned with the quality framework for care homes for adults and older people. This allowed management to review what was working well and identify areas for development across the home. It also supported the ongoing development of the service improvement plan, which was a live document updated regularly. To further enhance this consideration should be given to how people within the home, as well as other stakeholders, contributed to this process.

Observation of practice helped ensure staff competence and identify development needs. Staff practice was observed regularly for specific tasks, such as dispensing medication. Staff received ongoing support, supervision, and growth conversations that enabled discussion of training and development. However, supervision could have been better structured. Protected time for these meetings was important, and the service was encouraged to use an agenda with key topics such as wellbeing and reflective practice which helps to promote safer staffing. Management agreed to further develop this and will also look to develop across other homes.

**How good is our staff team?****4 - Good**

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

There was positive morale across the service and staff supported each other. A member of staff shared "I love my job, yes sometimes it can be stressful, but we are here for the people". Staff shared that management were always accessible and promoted an open-door policy. We observed good communication between management, staff, and relatives throughout the inspection.

Staff were recruited safely in line with national guidance, with appropriate checks, references, and professional registrations. Some gaps in recruitment and best practice were identified, and senior management were encouraged to review Safe recruitment through better recruitment guidelines. Management acted on this and raised it with the human resources department. The service provided training through in-person courses, e-learning, and self-development, enabling staff to continually build their knowledge and skills.

Staff attended daily handover meetings at the start of each shift to share information and plan the day. These meetings provided feedback on care and outlined any actions or support required for each person, promoting a consistent approach to care. This facilitated effective communication among staff and contributed to positive outcomes for people.

Staffing levels and skill mix were guided by ongoing assessment, using a recognised tool alongside the team's detailed understanding of people's needs. This approach ensured that staffing took full account of the complexity of each person's care and support requirements.

Staff wellbeing was valued, and management acknowledged the pressures staff faced. Employees had access to an assistance programme that provided counselling and wellbeing support. An employee recognition scheme was also in place, celebrating staff achievements and promoting positive working relationships. Various staff events helped bring the team together, boosted motivation, and recognised their hard work.

## How good is our setting?

## 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.

Each area of the home was clean, welcoming, and well maintained. Furnishings throughout were of good quality, and seating was arranged to create a warm, homely atmosphere. In the larger communities, two well decorated lounges were available: A spacious communal lounge for socialising and a smaller, cosy TV lounge. There was ample social space overall, allowing people to choose where they preferred to spend their time.

The service had taken account of best practice guidance for people with dementia. The signage and visual markers, such as signs to show where the toilets were, enabled people to move easily and independently around the home. We have suggested some more upgrades within the Oakley community to ensure ensuite bathrooms are Dementia friendly. Management recognised this and agreed to regularly assess the environment to ensure that it remained dementia friendly.

The communal areas were welcoming, spacious, and well organised. Both the environment and equipment were cleaned to a high standard and kept in good condition. The home was well maintained and decorated to a very good standard, with ongoing improvements evident, an example of this is the new nurse call system which will be implemented in the new year. Any issues reported were addressed promptly, supporting people's health and safety. Maintenance records were well managed, with a clear system for identifying and completing required work. As a result, the overall environment was safe and secure.

Infection control audits had been carried out and confirmed that all areas were checked and found to be clean and tidy. Observations of practice were conducted regularly with domestic staff, and management had been asked to encourage staff to provide more reflective feedback, this will help with staffs learning and development.



**How well is our care and support planned?****4 - Good**

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

The home had recently transitioned to a digital care planning system, which improved accessibility and allowed information to be updated consistently in one place.

Personal plans were person-centred, detailed, and reviewed monthly with input from people, their families, and relevant professionals. Additional plans were in place to address specific needs, such as wound care and the use of different communication tools to support individuals. This approach promoted responsive and tailored care.

In the digital care planning system, there was no function to record the start and finish times of certain support tasks, such as personal care. As a result, the records did not fully reflect the care provided by staff. Including time tracking would allow for more accurate information on support duration and dependency levels. We raised this with management, who confirmed they were aware of the issue and were actively seeking a solution.

The digital care planning system recorded the activities people took part in, including the upload of photographs. However, it was considered good practice to document the outcomes individuals were working towards, such as community involvement or improvements in health and wellbeing. Activity records lacked consistency and were often left blank. Care planning training had been scheduled for the new year. Evidencing outcomes was important to demonstrate people's progress and achievements (see area for improvement 1).

The communication tab within personal plans was used effectively and demonstrated input from nurses as well as correspondence with external professionals. To further strengthen person-centred care, it would have been beneficial for families to have access to their loved one's daily notes and activities. Senior management confirmed this was something they were looking into. Having this in place would help families living further away stay connected and enhance people's overall experience.

**Areas for improvement**

1. The service should ensure all staff record their involvement with people in a person-centred way, capturing individuals' experiences and the outcomes achieved. This includes documenting activities and ensuring they are meaningful and of interest to each person.

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 "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

## 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 manager should ensure that personal plans accurately reflect the oral health and nutritional needs of people, and that this information is regularly evaluated as part of effective quality assurance systems.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11)

**This area for improvement was made on 1 October 2024.**

#### Action taken since then

Plans captured peoples oral health and nutritional needs of people, and that this information is regularly evaluated as part of effective quality assurance systems.

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

#### Previous area for improvement 2

The manager should ensure that audits are completed with transparency and reflect relevant best practice guidance for the area being assessed.

This is to ensure that care and support is consistent with the Health and Social care standards which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality of processes. (HSCS 4.19)

**This area for improvement was made on 8 July 2024.**

#### Action taken since then

The service have done a lot of work on quality assurance which was transparent.

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

### Previous area for improvement 3

The manager should ensure that the personal plan audit processes is developed to monitor the accuracy of plans to make sure peoples care is right for them and set out how all aspects of their care and support needs will be met, as well as their wishes and choices.

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 reffered to as a care plan) is right for me because it sets out how my needs will be met as my wishes and choices" (HSCS 1.15)

**This area for improvement was made on 1 October 2024.**

#### Action taken since then

Care plans are not on a digital system and an audit process has been developed to ensure plans are accurate and kept up to date.

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

### Previous area for improvement 4

The manager should ensure that activities are organised to improve physical and mental wellbeing for people. This would enshrine the right of people to take part in activities that are of interest and meaningful to them.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25).

**This area for improvement was made on 13 June 2024.**

#### Action taken since then

There had been a development in activities within the home but there needs to be more focus on one to one activities. This was through our own observations and feedback from people and relatives.

**This area for improvement had not been fully met** A new area for improvement has been created.

### Previous area for improvement 5

The service should ensure that information is gathered from quality assurance processes and that this is used, as part of an improvement plan, to improve practice.

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 13 June 2024.**

#### Action taken since then

Appropriate quality assurance processes in place.

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

## Previous area for improvement 6

The service should ensure that all staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved.

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 "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

**This area for improvement was made on 8 July 2024.**

### Action taken since then

**This area of improvement has not been fully met.**

A new area of improvement has been created which also captures the importance of meaningful engagement.

## Previous area for improvement 7

People experiencing care should be protected from harm and safely supported. To achieve this, the care service should ensure items such as prescribed topical creams/ointments and prescribed toothpastes, are stored safely and securely to reduce any potential risks to people accessing these.

This is to ensure care and support is consistent with Health and Social Care Standard 3.20: I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

**This area for improvement was made on 6 May 2025.**

### Action taken since then

There has been work done around this but we did find on inspection that prescribed topical creams/ointments had not been stored properly.

**This area for improvement has not been met**, and a new one has been put in place.

## 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?	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 good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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