

## Inchinnan Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 December 2025

**Service provided by:**  
LittleInch Limited

**Service provider number:**  
SP2003002227

**Service no:**  
CS2003010211

## About the service

Inchinnan Care Home is a care service registered to provide care for up to 43 older people with dementia, and younger people with a physical disability. The service is located in the village of Inchinnan, in Renfrew, with local amenities and nearby transport links to local towns and Glasgow.

Accommodation is all on ground level with en suite facilities. A separate dining room and two lounge areas are also on the ground floor with access to a secured garden and courtyard. At the time of inspection, 40 people were living in the home. The interim manager was supported by a newly appointed depute, nursing team, nursing assistants, team leaders, senior carers and carers.

## About the inspection

This was an unannounced inspection which took place on 2, 3, 4 and 5 December 2025 between the hours of 08:30 and 21:00. 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 people using the service and five of their relatives
- spoke with 13 staff including management
- explored the responses from 44 electronic questionnaires:
  - 25 from staff, 13 from family members, five from people using the service and one from a visiting professional
- observed practice and daily life
- reviewed documents
- spoke with a visiting professional.

## Key messages

- People experienced warm interactions that helped them feel valued and secure.
- Families valued reliable staff and the care given to their relatives.
- People benefited from timely referrals to health professionals when required.
- Improvements were required in key areas such as clinical recording and mealtime experiences to ensure people's health and wellbeing needs were being met.
- Recent updates to the environment were evident with further developments needed.
- We followed up on three areas for improvement from the previous inspection, one of which had been met.

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

People appeared well and we observed respectful and warm interactions from staff. People told us, "I am happy here" and "staff are kind". Families told us that their relatives were cared for by familiar, reliable staff which they appreciated. For some, their relative's health and quality of life had improved significantly since moving to the service, demonstrating good outcomes for people. Staff supported people's health and wellbeing needs consistently, with external support when required. External professionals told us that referrals were timely and appropriate. As such, people experienced specialised interventions when needed to maintain or improve health. We sampled files which demonstrated strong clinical recording in places, but this was not always consistent. This meant people's outcomes could not be evidenced and changes in health or needs could be missed (see area for improvement 1).

People enjoyed the food provided, and we observed requests being accommodated throughout the inspection. Families told us they appreciated this flexibility as their relatives often changed their minds or wanted to eat out with regular dining times. The chef was keen to promote these choices and, additionally, reviewed the menu based on feedback they received. This meant people could influence this aspect of their lives and their choices and preferences were respected.

Despite this, mealtime experiences were subdued and lacked atmosphere. We observed some positive examples where people were supported respectfully, and their nutritional needs were well met. For others support was not always provided in a timely manner and staff appeared rushed. This resulted in people waiting for support to eat while staff carried out other tasks. As such, people were not fully part of the dining experience and were unable to enjoy this important part of their day (see area for improvement 2).

People should get the most out of life and be provided with support and care which enables them to reach their potential and goals. The activities coordinator facilitated a range of group and one-to-one activities. People nursed in bed had the opportunity to take part in activities and events, and we observed this during the inspection. This helped people feel included despite being unable to leave their room.

Staff supported and encouraged people to maintain and build community links outside of the service including visiting a local support group. One person had already been a member of this group prior to moving into the service. Their routine and important relationships remained intact throughout this transition, maintaining a sense of continuity. People also benefited from spiritual care with both a local minister and a local priest attending the service regularly. This helped maintain a sense of identity and spiritual practice which was important to some people.

A lack of activities at nights and weekends meant people were unoccupied for long periods of time and experienced boredom. We observed people actively engaging in activities during our inspection, but this was not always recorded well or reflected in the person's files. This meant relatives were unsure of how their loved one was spending their time and failed to show people's engagement and feedback. Please see - What the service has done to meet any areas for improvement we made at or since the last inspection.

## Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that records are relevant, accurate and consistent. This includes but is not limited to, food, fluid and monitoring charts which staff complete on a regular basis.

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).

2. To ensure mealtimes are pleasant experiences and people can participate fully, the provider should ensure that during mealtimes, staff provide the correct support to those who need this in a timely and organised manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected" (HSCS 1.34).

## 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.

Leadership changes had created a positive and supportive culture in the service. Staff and families told us the changes had affected them positively and described the interim manager as "approachable", "friendly" and "supportive". Staff told us they were comfortable raising any concerns with management and that they felt motivated to work well as a team. We observed effective and strong leadership during two unexpected power cuts and unrelated incidents which maintained safety and continuity for people and staff.

Management had introduced monthly audits and observations that had provided oversight and evidenced improvement in key areas such as medication administration. This oversight and involvement strengthened processes which protected people's wellbeing and identified any issues that needed to be addressed.

Not all department heads were clear on their roles and responsibilities. This led to a few tasks being missed or overlooked which impacted the service and the people living there. Management told us that new responsibilities will be assigned to department heads to promote leadership in each area of the service and clarify roles. This was described as part of a longer process which will take time to ensure leadership practice is embedded correctly and was within the improvement plan provided. A newly appointed deputy had also recently started in post and will further enhance the leadership team when established in their role.

## 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.

Overall, staff told us that they were happy at work and had time to complete their tasks. We did, however, receive a couple of survey responses which disagreed, stating that staff have too many responsibilities. People told us staff were responsive and that they enjoyed spending time with regular staff members who knew them well. This meant that people were able to build trusting relationships with familiar staff members and benefit from continuity in this area. Families told us that they felt welcomed by staff who knew their relatives well. This gave them trust and confidence in the service.

Rotas were well-managed, but staff were not always well-organised and lacked coordination as a team, such as at mealtimes. We observed staff members focussing on tasks individually which led to delays or unnecessary repetition and could impact on people's support.

There was evidence of continued training and development, and staff described the service as having a culture of learning. The service managed recruitment and the induction process well with regular support and check-ins throughout. Some staff had not been receiving regular supervision and team meetings had been recently cancelled. Management had not conducted recent competency observations due to the transitions in the service. As such, some staff did not have protected space or time to discuss wellbeing or challenges. This can affect staff's knowledge, confidence and ability to carry out tasks safely and impact on outcomes for people (see area for improvement 1).

### Areas for improvement

1. To ensure people benefit from staff who are competent, have the right knowledge and can reflect on practice, the provider should ensure formal and practical supervisions take place regularly.

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

## How good is our setting?

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 setting was clean, fresh and free from noise. Every bedroom had en suite facilities which included a toilet and shower. All bedrooms and communal areas were on ground level and accessible. This freedom of movement promoted independence and dignity for people. Families told us that the lack of physical barriers for their relative was important to them. People and families personalised bedrooms and we observed families accessing the service freely using entrance fobs which encouraged opportunities for connection.

The service experienced two power cuts during the inspection. One resulted in a boiler breakdown which was rectified quickly but impacted the service throughout the day. We had noted, that even prior to the power cuts, areas of the home were cold. This reduced comfort for people and limited the use of certain areas. Families and staff commented that the smaller lounge is normally cold and not pleasant to be in. We discussed this with management, and an engineer was scheduled to check the underfloor heating panels and resolve this issue.

We noted that although upgrades had taken place, new repairs were needed, particularly in relation to the dining room ceiling. Management provided us with the improvement plan and contractors are scheduled to begin work on the ceiling at the start of next year.

People should have access to warm, welcoming spaces which encourage connection and provide comfort. People and families made use of the bigger lounge which included sofas and access to a small, enclosed garden during our inspection. A small family area in the reception is also normally available but had been moved due to deliveries. This impacted on opportunities for people to connect with family or visitors and limited the choice of setting. We discussed with the service the importance of making spaces warm, pleasant and available to people. Management told us that they will consult people and families to redesign spaces and make them attractive, usable and relevant for those who live there.

Housekeeping and laundry, although generally well-managed, lacked consistently completed paperwork in line with guidance. Staff told us that deep cleaning was not always taking place, however, we found the home to be clean. Staff should be aware of their responsibilities in relation to infection prevention and control and follow good practice to promote safety and confidence. Please see - What the service has done to meet any areas for improvement we made at or since the last inspection.

## 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.

People had personal plans which captured their needs, outcomes and preferences. Plans were mostly completed well, and we sampled several plans which included clear support details and rich information about the person and their preferences. This enabled tailored and person-centred support to be delivered.

For a couple of people, their experiences were not well reflected. Staff did not always enter daily notes in relation to activities, and one person had no activities plan. This meant activity preferences, goals and outcomes were not recorded and there was no personal input. Management advised that this plan will be updated as soon as possible to include the relevant information to reflect this person's needs and wishes in this area of support.

Staff were arranging care reviews regularly, but some had not gone ahead due to family circumstances or other reasons. Where this had happened, this had been recorded. Management had created a review tracker, and invites had been sent for upcoming reviews that had been scheduled. This provided the opportunity for family members to contribute to their relative's care and support reviews, if appropriate.

We sampled monitoring charts which were updated regularly. We found a couple of monitoring charts that were no longer necessary due to recent improvements in those people's health. This meant unnecessary monitoring was in place for people who did not require this and was inconsistent with their needs. Audits had highlighted further examples of this, and management told us they will continue to work to address these issues and improve staff skills in this area (see area for improvement 1).

## Areas for improvement

1. To support people's needs, choices, preferences and outcomes, the provider should ensure personal plans are completed and contain accurate, relevant and reflective information for each person that is reviewed regularly.

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).

## 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 promote better quality audits, management should develop and utilise a system which evidences their full involvement in checking all audits carried out within the home.

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 7 November 2024.**

#### Action taken since then

Management had introduced monthly audits of key areas and were conducting observations and spot checks. Through this process some issues had been identified, and retraining had taken place as a result. The system had been developed to ensure that this is achievable and sustainable as part of ongoing quality assurance and clear evidence of management involvement could be seen throughout.

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

#### Previous area for improvement 2

To support positive outcomes for people, management should ensure that staff are offering people opportunities to fill their day in a manner that is meaningful to them as individuals.

This is to ensure that 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) and "I can choose to spend time alone" (HSCS 1.26)

**This area for improvement was made on 7 November 2024.**

#### Action taken since then

New folders had been created and placed in each person's room. These Memorable Moments and This is Me folders were designed to capture conversations and interactions between people. We saw some during inspection which included photos of activities taking place and information about likes and dislikes. Largely, however, these had not been completed well or consistently. We found that not everyone had an activities plan and that activities were not well recorded on the new paperwork or in daily notes. We were also told that activities are not often available at nights or weekends and that people do feel bored at times.

Activities had been arranged and were available, however, the lack of recording of these meant it was hard to gauge the success of these or the impact this had on certain people.

**This area for improvement has not been met.**

## Previous area for improvement 3

To promote people's safety, the provider should ensure that all staff are aware of their responsibilities contained within the Care Home Infection Prevention and Control Manual (CH IPCM) and update any processes as required from this good practice guidance.

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 7 November 2024.**

### Action taken since then

An action plan had been created by the previous manager which discussed monthly meetings, knowledge tests, discussions and sign sheet for staff. This was to ensure staff were aware of their responsibilities and were promoting good practice. This had not taken place and staff told us that team meetings were not happening regularly. Cleaning logs were kept but were incomplete in areas. Staff told us that certain deep cleans had not been happening regularly and we reminded staff of good practice within the laundry in relation to cross contamination.

**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
1.2 People get the most out of life	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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
4.2 The setting promotes people's independence	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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