

# Erskine Home Care Home Service

Erskine Ferry Road  
Bishopton  
PA7 5PU

Telephone: 0141 814 4733

**Type of inspection:**  
Unannounced

**Completed on:**  
9 December 2025

**Service provided by:**  
Erskine Veterans Charity

**Service provider number:**  
SP2003000260

**Service no:**  
CS2003010196

## About the service

Erskine Home is registered to provide care for up to 180 older people, either veterans or spouse of veterans. At the time of inspection there were 176 people living in the service.

The home is situated on a large campus just outside the town of Erskine. It comprises of six individual house units, each with 30 single en suite bedrooms. Each house has a lounge and dining area, kitchen facilities and a selection of bathrooms. Four of the houses are specifically for residents with a diagnosis of Dementia.

A central reception area provides access to the house units, a café area, recreation and activity facilities, gym and therapy areas, and a hairdressers.

Facilities management is in place for all housekeeping, catering, laundry, waste management, gardening, and buildings maintenance. The gardens are well equipped, enclosed and accessible.

There is limited public transport available to the home, however there is good car parking available throughout the grounds.

## About the inspection

This was an unannounced inspection which took place on 3, 4 and 5 December 2025 between 7:30 and 18:00. 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 nine of their family and friends, as well as 76 responses to our questionnaires
- spoke with 25 staff and management, as well as seven responses to our questionnaires
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

## Key messages

- Staff were respectful and kind towards people.
- People enjoyed good continuity of care.
- Training for staff was meaningful and ensured they could provide the best care.
- People benefited from a good quality setting and facilities.

## 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?	5 - Very Good
How good is our setting?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

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 of the six individual house units had staff who were kind, caring and respectful towards people. People who could feedback to us told us that they had good relationships with staff and that they felt they were looked after well. Those using the service were well presented and always dressed well. They were happy to see staff when they approached, and spoke highly of the service and the staff who cared for them.

Relatives told us that they felt they "could relax" knowing that their loved one was being looked after "and is safe and secure". They felt there was a "feeling of community" in the service. This was due partly to the way it was laid out and that there was access to a "real cafe" in the main area of the home. For some people who were less able to go outside then going to the cafe felt like a nice experience and a time when there were opportunities to meet other people in the service. It was a time when people could chat with other staff and relatives and overall enjoy the social experience.

There were activity staff in each unit and a variety of activities were organised for people to enjoy. These ranged from concerts in "The Bunker" (a large concert room) from different artists, celebrations in different units, school and nursery children visits, religious services and one to one activity. All of these added to that sense of home, wellbeing and security and inclusion for all people.

We observed the mealtime experience for people in several units. We saw that these were a comfortable experience for people. They received a choice of menu and were shown the different foods on offer. If they did not want either choice available then staff were happy to make an alternative snack that they would enjoy. Staff worked very well together through meal time periods and everyone received the attention they needed to enjoy their food.

With older people, in particular those with dementia, choking on food can be a risk for them. We saw that staff knew who required specialised diets or needed assistance, and they had good knowledge of safe swallowing practice. This assured us that people were safe and comfortable while eating.

Care staff received a good variety of meaningful training, such as adult support and protection, dementia awareness, moving and handling and palliative care. Training was regularly refreshed and updated and all staff were able to support people in the best way possible. Many staff took part in external training opportunities, however, there was no standardised way of collating external information across all units. This meant it was not always clear when staff had completed it. It is important that leaders have clear information about staff training needs to ensure staff have the right knowledge to provide good quality care. (See area for improvement 1).

People's wellbeing in Erskine Home was well looked after as they had access to several facilities on site. Amongst those available in-house was a Podiatrist, a weekly visiting dental service, a Physiotherapist and a hairdressing salon. Being able to access all of these services helped to improve people's physical health and mental wellbeing.

The service had its own advanced nurse practitioner (ANP) as well as a trainee ANP. They were able to liaise with the local G P practice and enjoyed a good relationship with them. This led to effective communication between them, and sharing of information, which led to more prompt, accurate and effective service for people who needed it.

There were good electronic medication systems in place and we saw that people's medications were administered safely and at the right time each day. There was a weekly count of all medications. This helped to identify medication errors. However, there was a small issue regarding some medication stock levels. We discussed this with the provider who is now reviewing this part of the system to ensure the stock levels are kept as they should be.

When people first moved into the home there was a series of risk assessments that took place; from the outcome of these the personal plan was developed, discussed and agreed with the person (or their representative). This meant that each personal plan covered all of the care needs of individuals. Personal plans were reviewed regularly which ensured changes in people's needs were accurately recorded.

We spoke with external health professionals who visited the service regularly. They told us that staff were knowledgeable and that appropriate referrals were made when people needed further health input. They were satisfied that staff recognised changes in people's needs and contacted them at the right time.

### Areas for improvement

1. To ensure staff are appropriately trained the provider should ensure that accurate and up to date training information is in place for all staff. This should include, but is not limited to:
  - a) An electronic training tracker which records all mandatory, additional and specific training for staff, including when training is completed and when refresher training is due.
  - b) Clear recording of outstanding training for individual staff, including actions taken to ensure this training is completed.
  - c) Clear recording of the training provider when training has been provided 'face to face'

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?

### 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.

As we entered the care home we saw that the layout was very spacious, welcoming and comfortable. There were attractive seating areas within the reception space and it gave the appearance of a large and cosy lounge. There was good signage throughout the area directing people to each different house unit. All house units were clean, attractive and comfortable with large, and smaller, dining areas throughout. This meant that people had a choice of a range of areas to spend their time, either individually or in the company of others. There was a spacious lounge in each unit as well as smaller more intimate lounges. Bedrooms were large and well decorated with peoples personalised items. There was a comfortable seating area in each room, usually next to a large window, where people could sit and watch TV or listen to music. We enjoyed seeing that rooms were all personalised for people to suit their individuality.

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Corridors within each unit were wide enough for people to pass freely, including those with wheelchairs or mobility aids. Walls and doors were decorated with some general military memorabilia, as well as personal family and military belongings or photos. These were items that meant a lot to people, and for some with dementia they could still relate to these.

We saw there was a large equipped gymnasium that people could use and it was particularly useful for people receiving physiotherapy. There were secure garden areas attached to each downstairs unit and gardens were well kept with good seating areas. For those who lived upstairs there were two lifts available to get them between each floor. There was a smaller, but well furnished and well stocked reading area where people could sit with visitors, or sit and read in a different space. All of these facilities and resources gave people choice and helped to improve people's physical and mental wellbeing.

There was a dedicated facilities team that covered all areas of maintenance, repairs and health and safety. They ensured that relevant and timebound checks were carried out on equipment and systems, such as electrical installations, gas boilers, lifts maintenance, fire equipment, personal hoists and walking aids for people. Some of these were completed by external contractors and others by the facilities team. This ensured that people were kept safe in their living environment.

There was a large housekeeping team in place who worked days and evenings, this included the laundry. The home was very clean throughout and staff followed cleaning schedules devised by housekeeping managers. These schedules were all completed as per the cleaning standards in the National infection prevention and control manual (NIPCM). This meant that people were kept as well as could be with regards to infection and cross infection from surfaces. The laundry also followed appropriate systems for ensuring that some items were separated and washed at recommended temperatures. This helped prevent any cross infection from clothing items.

## 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 ensure there are accurate hydration records in place for people experiencing care, particularly when a health need advises that fluids should be encouraged.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

**This area for improvement was made on 14 August 2024.**

#### Action taken since then

The service had hydration charts in place for those people who needed them. This was part of daily monitoring for individuals who were unwell.

We saw these charts in both handwritten and electronic form. These were generally in use for people who required extra fluids to meet their health needs.

Staff recorded clearly on the hydration sheet when people had been offered fluids and showed how much had been taken. This was then totalled at the end of each day and was viewed/assessed by the house nurse or house manager.

We saw that the handwritten sheets were kept in peoples rooms. This meant that families were able to see themselves when their loved one had been offered fluids, when they had taken them and how much their intake had increased each day.

This area for improvement has 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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