

Southview Care Home Service

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Type of inspection:
Unannounced

Completed on:
12 December 2025

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2003010439

About the service

Southview is registered as a care home for up to 40 older adults, of which 17 can be used for people living with dementia and a further 23 places can be used for adults living with mental health conditions. The provider is Thistle Healthcare Limited.

The service consists of one purpose-built building, with lift access over two floors. The ground floor is used to support people living with dementia and the upper floor supports people who have needs related to alcohol related brain damage (ARBD), and other mental health conditions.

All bedrooms are single with en suite toilet facilities. People have access to showers, bathrooms, lounges and dining rooms on each floor. The enclosed garden area to the front of the building provides seated areas for people and their visitors to use. Parking is available for visitors at the home.

The purpose-built home is located in a residential area of Rutherglen, South Lanarkshire. It is a short distance from local amenities and public transport links.

At the time of inspection, there were 39 people living in the care home.

About the inspection

This was an unannounced inspection which took place between 9 and 10 December 2025 between 07:45 and 17:00 hours. Feedback was provided on 12 December November 2025. The inspection was carried out by three inspectors 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/spent time with fifteen people who lived at Southview.
- Spoke to nine relatives.
- For people unable to express their views, we observed interactions with staff and how they spent their time.
- Spoke with 15 staff and management.
- Spoke with five health and social care professionals.
- Observed practice and daily life; and
- Reviewed documents.

Key messages

- People experienced compassionate, respectful care that promoted dignity, choice and meaningful engagement.
- Leadership was proactive and improvement focused, ensuring strong oversight, clear governance and responsive action.
- Staff were well recruited, skilled and supported, working collaboratively to deliver safe, responsive care.
- The service should ensure the environmental improvement plan is delivered as scheduled, with robust governance and regular progress reviews.
- Personal planning was person centred and enabling, reflecting people's wishes and supporting independence through positive risk taking.

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 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?

5 - Very 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 compassion, dignity, and respect, feeling safe, valued, listened to, and emotionally supported. Residents told us "I feel safe, valued, and listened to". Another stated "I have independence, such as getting up and going to bed when I want". Relatives shared they were "glad their family member was in a safe place now" and another shared that "staff were absolutely amazing, attentive, and caring". This feedback showed people felt valued, safe and emotionally supported. As a result, residents experienced improved wellbeing, and a strong sense of belonging in the home.

People felt respected and listened to because their wishes and preferences were used to shape how they were supported. Personal plans reflected each person's wishes, preferences and support needs. Residents were supported to make their own choices and maintain independence, with appropriate safeguards in place to manage any associated risks. This showed that people enjoyed independence, felt heard and respected, leading to improved wellbeing and self-esteem.

The management team had an overview of maintaining people's health needs. Daily handovers and management meetings monitored falls, weights, skin integrity and dining experience which helped oversee people's wellbeing. The clinical lead and registered manager led these audits, allowing staff to spot trends early and respond. Staff worked closely with professionals, such as social work, advocacy, and NHS colleagues, who described the service as kind, communicative and person-centred. This approach led to improved health outcomes for residents. People received proactive, well-coordinated care that adapted to changing needs, supporting a safe and stable living environment.

Residents benefited from meaningful opportunities to stay active, connected and fulfilled. A wide range of activities, outings and personalised engagement were offered. Interests and hobbies were recorded in personal plans and used to guide activity planning, including community involvement and proposed holidays. Feedback was gathered after activities to improve future planning. These approaches enabled residents to maintain a sense of purpose, belonging and independence, making daily life enjoyable and meaningful.

Medication processes were safe, reliable and supported best practice. Medication practices in the service were safe. There were clear protocols for safe administration, secure storage and consistent record keeping were in place. Regular audits and competency checks ensured staff were confident and skilled in supporting medication needs. As required 'PRN' protocols were followed, and outcomes were recorded properly. This means people could be confident they were given the appropriate medication at the correct times.

People experienced positive and well-supported mealtimes. Residents reported good choice and quality of meals, and snack stations were placed around the care home. We observed mealtimes to be pleasant and lively for people who chose to dine together. These arrangements promoted good hydration, nutrition and enjoyment of food. Mealtime practices were respectful and person-centred, with choice and autonomy upheld. This contributed to comfort, wellbeing and a homely atmosphere, ensuring nutritional needs were met in a dignified and enjoyable way.

How good is our leadership?**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 provider had experienced some changes within the service. This included the appointment of a new registered manager who was visible, proactive and supported continuous improvement. Regular walkarounds were to observe practice, engage with people and staff, and identify any issues early. These checks were used to reinforce standards, address concerns promptly and maintain a strong presence within the service. The management team had various meetings to ensure audits, incidents, protection concerns and feedback were consistently reviewed and acted upon. This oversight enabled responsive leadership and strengthened accountability across the service.

Quality assurance processes were effective and contributed to safe, well organised care. Audits covered medication, incidents, nutrition, environment and dining experience, with management reviewing findings and driving improvements. We acknowledged audits were in early development following the change in the service, and discussed ways to strengthen these. This included where themes are identified, sharing these in team meetings and incorporating this into the service improvement plan. This ensures people will benefit from safer, more responsive care and feel confident that issues are identified and addressed promptly.

The registered manager maintained a live improvement plan and had completed self-evaluation. We discussed ways to strengthen these by including themes identified from audits, and feedback from residents, relatives and staff. This demonstrates that continuous improvement is well managed, with regular reviews and prompt action based on audits and feedback from stakeholders.

The registered manager maintained a live improvement plan and had completed self-evaluation. We discussed ways to strengthen these by including themes identified from audits, and feedback from residents, relatives and staff. This demonstrates that the service is both proactive and responsive, fostering ongoing improvement.

Incident and protection management were well managed with the service. The management team proactively escalated concerns, showing robust safeguarding and responsibility for residents' wellbeing. This proactive approach ensures that safeguarding is a priority and that residents' wellbeing is consistently upheld.

Residents' and relatives' meetings had been established and were used to gather feedback, strengthen relationships and support transparency. Some of these were in early development, and we discussed consulting with relatives, to support informed participation and consistent attendance. Feedback from relatives about the management team were positive and noted improvements, since the new registered manager had started. Staff reported supportive leadership, good morale, and positive teamwork. This showed that residents, relatives and staff felt valued, with positive feedback reflecting strong leadership, and improved relationships within the service.

How good is our staff team?**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.

Staff consistently reported feeling valued, well supported and confident in the changes implemented by the new manager and provider. Positive relationships were highlighted, with staff noting that recent improvements had led to better outcomes for residents. Strong teamwork, good morale and trust in leadership were evident, with staff expressing confidence in management's responsiveness and commitment to ongoing service development.

Staff appreciated the ability to maintain a healthy work-life balance, aided by facilities, regular breaks and recognition initiatives including employee-of-the-month schemes. Observations during inspection confirmed that staff were visible, responsive and interacted warmly with residents. This supportive and appreciative atmosphere has contributed positively to staff morale and ensured that residents receive warm, responsive care.

Recruitment processes were safe, well structured and aligned to safer recruitment best practice. The provider was reviewing its interview and induction procedures. We suggested ways to strengthen recruitment and discussed the SSSC National Induction Framework. This included involving residents in recruitment, which would further embed person centred values. These approaches ensured people were supported by staff who had been appropriately vetted and selected.

Staff learning and development was well organised and contributed positively to safe and competent practice. Induction materials were in place and probationary meetings occurred within appropriate timescales. There was oversight of supervisions, and all staff appeared up to date. We recommended recording supervision actions with SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) objectives. This approach will place greater emphasis on developing the service and actively engaging staff in setting objectives.

Staff were encouraged to complete further education, and training compliance covering key areas was high across all staff. We discussed other relevant training, such as Alcohol Related Brain Disease (ARBD) and diabetes, and ensuring this is fully recorded in their training matrix. This would reflect the breadth of staff learning and identify any additional training needs. This demonstrates that residents are supported by well-trained, competent staff, which leads to safer, higher quality care and greater trust in the service provided.

Staffing arrangements were well planned, responsive to people's needs and supported positive outcomes. Staff reported strong teamwork, supportive leadership and confidence in recent management changes. The rota was stable, with consistent staffing levels demonstrating proactive safeguarding. Dependency levels were monitored, with daily walkarounds further informing deployment decisions. We discussed ways to strengthen staffing arrangements. This included displaying information about staffing dependency and deployment for residents and visitors, to promote transparency and understanding.

How good is our setting?

4 - Good

We evaluated this key question as good, where several important strengths in the quality of the environment positively impacted outcomes for people and clearly outweighed the areas for improvement.

The environment was generally clean, well maintained and supported people's dignity, comfort and independence. Bedrooms were well sized, personalised and equipped with appropriate facilities, which promoted privacy. Shared lounges, dining areas and activity spaces were tidy, calm, and used flexibly to support social engagement. Good signage and visual aids helped people's orientation around the home.

The environment was clean, well-maintained and promoted dignity, comfort, independence and social engagement for residents.

People experienced a safe environment due to effective processes. Housekeeping and environmental safety checks were consistently carried out. Domestic staff were visible, and knowledgeable about infection, prevention and control (IPC) practice. They worked to clear cleaning schedules, including deep cleans of people's bedrooms. Regular safety checks were up to date and well recorded. The presence of a full time maintenance worker supported strong oversight, and maintenance certificates sampled were in good order. This ensured the home was safe and people experienced high quality facilities.

A refurbishment plan demonstrated clear intent and structured governance for improvement. Several urgent repairs, including the front access ramp, ensuite repairs, and telephone/Wi Fi upgrades, had been completed promptly, showing good responsiveness. The plan clearly identified issues, responsible roles and included monthly review processes. However, key refurbishments remained outstanding such as upgraded and modernisation across different parts of the home. This work was due to start in January 2026. We discussed the importance of ensuring such jobs are completed within recorded timescales. The management team assured us these would be completely in line with the environmental plan. Timely completion and accurate recording of tasks is crucial for maintaining safety, quality, and accountability in the service (see area for improvement 1).

People would benefit from being involved in the environmental design. While engagement was improving, more structured involvement, would support person centred decision making. We signposted good practice tools such as The King's Fund Tool (Care Inspectorate, 2014) and Care Homes for Adults - The Design Guide (Care Inspectorate, 2002). This will ensure enhancements fully reflect people's needs. People gain more personalised, meaningful environments, enhancing comfort, choice and wellbeing through active involvement in design decisions.

Areas for improvement

1. To ensure people experience a safe, comfortable and well maintained living environment, the provider should ensure timely completion of key refurbishments identified within the environmental plan, including upgrades and modernisation across different parts of the home. Timely completion and accurate recording of environmental tasks will help maintain high standards of safety, quality and accountability, ensuring residents benefit fully from a well maintained and consistently improving environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises" (HSCS 5.22) and "My environment is safe and secure". (HSCS 5.17)

How well is our care and support planned?

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 service was currently transitioning to an electronic system for people's personal plans. Personal plans were person centred, meaningful and reflected what mattered to each resident. Plans detailed people's preferences, outcomes, likes and dislikes, and were updated regularly to ensure they remained relevant.

For example, one resident's plan clearly outlined their desire for independence and community access, while balancing risks associated with absconding and alcohol use. This shows that residents experience meaningful, person-centred care that supports independence, safety, and emotional wellbeing through tailored planning.

Plans were accessible and supported meaningful involvement. Staff used visual aids to help people understand their plans, ensuring they could contribute to their own care and decision making. There was ongoing work around people's life histories including relatives where needed. Developing life?' Story content across all plans will ensure personal identity, history and what matters most to each person. This inclusive approach supported residents to stay informed and involved in shaping their support.

Risk assessments promoted independence, dignity and used a strengths based approach. These focused on enabling rather than restricting people. Behaviour support plans identified triggers, personalised calming strategies and clear guidance for staff. This helped maintain emotional wellbeing and reduced distress. Regular reviews ensured plans stayed effective and aligned with people's changing needs. This ensured people enjoyed increased independence, stability, and tailored support, enhancing both wellbeing and overall quality of life.

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 and that staff are equipped to provide suitable support.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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
3.1 Staff have been recruited well	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
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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