

Stanely Park Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
18 December 2025

Service provided by:
Stanely Homes Limited

Service provider number:
SP2009010206

Service no:
CS2008184016

About the service

Stanely Park Care Home is a residential care home in the Balgonie area of Paisley. It supports up to 40 older adults. The provider is Stanely Homes Limited.

At the time of inspection, there were 30 people living in the home.

The home has three floors, all accessible by a lift. Each floor includes a mix of en-suite bedrooms, communal lounges, dining areas, and accessible bathrooms. People can access the garden from the ground floor. The service offers both long-term residential care and short-term respite support.

About the inspection

This was an unannounced inspection which took place on 17 December 2025 between the hours of 13:00 and 19:15. 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 six people using the service and four of their family/friends
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

Key messages

- We followed up on one outstanding requirement from a previous inspection which was met.
- We also looked at three previous areas for improvement, one of which was met.
- People were experiencing positive outcomes in relation to their nutrition.
- Staff were being upskilled about dysphagia and nutrition.
- People and relatives shared that staff were kind and compassionate.
- Gaining stakeholder feedback and collaborating would ensure people's needs and choices continue to be met.
- Professionals we spoke with praised the service for pro-active care.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 8 December 2025, the provider must ensure people receive nutritious food that is safely prepared and meets their individual dietary needs.

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

- a) Ensure kitchen staff have access to accurate and regularly updated information about each person's dietary needs, including those requiring modified diets.
- b) Ensure all staff involved in preparing or serving food, and those supporting people with swallowing difficulties, have completed appropriate training.
- c) Implement a system to regularly audit and check that care plans and kitchen records match people's assessed needs.
- d) Ensure that where people have been assessed as needing specialist support with eating, drinking or swallowing, appropriate referrals have been made and followed up.
- e) Maintain up-to-date care plans that reflect people's nutritional and hydration needs.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Section (8)(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 10 October 2025.

Action taken on previous requirement

Catering staff had access to information containing International Dysphagia Diet Standardisation Initiative (IDDSI) guidance and people's nutritional information, which had been updated recently. Kitchen staff were clear about who required fortified or modified diets. These matched with the sampled records from people's care plans. A dietary risk report was available for all staff involved in food preparation and service. We observed a clinical risk meeting where nutrition was discussed in detail.

All staff had been trained in IDDSI to an appropriate level, with compliance at 100%. Some staff had attended webinars pertinent to their role. We sampled 31 completed Dysphagia training and IDDSI quiz that staff had completed by way of knowledge checking. Catering staff had attended a sister home for some peer

support around food and fluid and fed back this had been helpful. Assurance was given that the agency staff were also trained and knowledgeable around IDDSI and that they were given access to the nutrition folder as they began their shift. Staff had access to 'swallowing matters' guidance and this is to be reinforced by roll out of the training next year. The manager had reached out to Care Home Collaborative and National Health Service (NHS) Speech and language therapy (SALT) for additional training. SALT recently visited the service and was returning to provide two separate support sessions for all staff around IDDSI and any questions they may have.

The dietary risk report was implemented which was located in kitchen, and in all dining areas. This was checked at the weekly clinical meeting and included all pertinent dietary information. Full nutrition and hydration audits were completed on a monthly basis. This gave improved oversight that all records were current and matched.

We sampled recent, appropriate referrals to SALT. The SALT team had plans to reassess everyone's needs during their next visit. The manager had a good knowledge of people's current needs.

This Requirement is met.

Met - within timescales

Requirement 2

By 15 May 2026, the provider must support people's safety and independence by ensuring the call system enables staff to respond promptly to people's care needs.

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

- a) Ensure staff can clearly identify the location and nature of all alerts across all floors.
- b) Ensure all bedrooms and communal areas have a working emergency alert system.
- c) Ensure that all people have access to a call system within their room.
- d) Implement a system to monitor and review call response times and take appropriate action where delays are identified.

This is to comply with Regulation 10(1) and 10 (2)(a) (Fitness of Premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17).

This requirement was made on 10 October 2025.

Action taken on previous requirement

This requirement was not assessed at this inspection as it is not due to be evaluated.

Not assessed at this inspection

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 support people's health and wellbeing, the provider should make sure daily oral care is carried out and recorded accurately.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My care and support meets my needs and is right for me." (HSCS 1.19) 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 10 October 2025.

Action taken since then

An alert had been established for staff to prompt for twice daily oral care for all people. We observed one of these checks being completed and people told us staff carried this out. Records sampled demonstrated that staff had completed these tasks or where people refused, this was also recorded.

Senior staff completed a checklist on shift, which include checking oral care records.

This area for improvement is met.

Previous area for improvement 2

To support people's health and hydration, the provider should improve how fluid intake is recorded and monitored. This should include ensuring fluid charts are completed accurately, only when required, and that appropriate action is taken when people do not achieve targets.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My care and support meets my needs and is right for me." (HSCS 1.19) 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 10 October 2025.

Action taken since then

There was no one currently utilising a fluid chart and though we looked back on previous recordings; these were not consistent. We were assured when people were requiring fluid support their needs were discussed at the weekly clinical meeting and if targets were not met this was discussed with actions taken.

In the records we sampled inconsistencies remained such as gaps in recordings and totals not met, whilst other records were completed well. The service were using paper recording for those who needed this support. It will take time for this practice to be fully embedded.

This area for improvement is not met and will remain.

Previous area for improvement 3

To support people's wellbeing and ensure care is right for people, the provider should ensure that review records are accessible and include clear, outcome-focused action plans.

This is to ensure that 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).

This area for improvement was made on 10 October 2025.

Action taken since then

This area for improvement was not assessed at this inspection since it has been such a short time since the last inspection. The manager was aware that some further progress is needed so this will allow some time for this to be progressed.

This area for improvement will remain.

Previous area for improvement 4

To ensure people experiencing care are supported with dignity and respect, the service provider should ensure when incidents occur with staff and complaints are raised, appropriate follow-up actions are accurately recorded and reflective accounts are completed by all staff involved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I know how, and can be helped, to make a complaint or raise a concern about my care and support (HSCS 4.20) and 'I use a service and organisation that are well led and managed (HSCS 4.23).

This area for improvement was made on 4 December 2023.

Action taken since then

This area for improvement was made on 4 December 2023. This area for improvement was assessed at the last inspection. We saw that staff completed reflective accounts when incidents occurred. As with the previous inspection, we could not assess how well the service followed up on complaints, as no formal complaints had been recorded since the last inspection.

We found that the service managed concerns well by responding promptly to feedback. We asked the management team to ensure they record all concerns and the actions taken to resolve them. This will help us assess progress more clearly at future inspections and support ongoing improvement.

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.

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