

Riddrie House Care Home Service

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Type of inspection:
Unannounced

Completed on:
17 December 2025

Service provided by:
Partnerships in Care Scotland Ltd

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SP2008009728

Service no:
CS2015337316

About the service

Riddrie House is registered as a care home for 32 people aged 18 and over who have mental health problems. The provider is Partnerships in Care Scotland Limited.

The home is purpose-built and is situated in a residential area of Riddrie, Glasgow. It is close to shops, public transport links and other amenities. There is a small car park at the front of the building and an enclosed private garden to the rear.

Accommodation is provided over two floors with lift and stair access to the upper floor. The ground floor has 14 bedrooms, a lounge, dining room and small tearoom. The upper floor, which is intended for rehabilitation, is divided into two parts and has 18 bedrooms. Each part has a lounge and kitchen/dining room. All rooms are single with en-suite toilet and shower. Communal bathrooms are also available to people on both floors. An enclosed smoking area is available outside of the home.

At the time of this inspection, 28 people were living in Riddrie House. The service has now moved to a recovery and rehabilitation model and aims and objectives have been updated to reflect the different functions of each area.

About the inspection

This was an unannounced inspection which took place between 16 and 17 December 2025. One inspector carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with seven people using the service
- spoke with five members of staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported to achieve positive health and social outcomes.
- People were supported by a consistent nursing and care staff team.
- Staff and management demonstrated compassion, understanding, and positive values.
- Activities, and connections with the wider community, continued to improve for people.
- The care home was clean and tidy. To promote sustainability, the service should focus on increasing the recruitment of housekeeping staff.

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?	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

We evaluated this key question as very good because we found major strengths that supported positive outcomes for people, and very few areas for improvement.

People's health needs were met well by an experienced and skilled team. Nurses demonstrated insight into people's varied and often complex health needs, and had a culture of continuous improvement to promote people's wellbeing. For example, after identifying potential issues within medication practice, the service analysed patterns and made changes to their procedures and environment. This significantly reduced medication errors and, therefore, risks to people. Nurses, who were knowledgeable and had worked in the service for some time, worked collaboratively with other health professionals such as GPs and CPNs. This ensured people continued to have the most appropriate and effective care and support to stay well.

This approach was complimented by the service's stable and dedicated team of care workers. Staff were passionate about supporting people, had developed an intimate understanding of people's needs, and had strong rapport with people which generated connection and motivation. In our observations of staff practice, we were impressed of staff's knowledge of people's communication, including those with limited verbal communication, as they were responsive to people's expressions, gestures, and behaviours to meet needs.

People living at the care home had varied needs and desired outcomes. Some people would live at Riddrie House long-term whilst other people hoped to develop the skills to move on to more independent living. The nature of people's support was tailored appropriately to each individual's needs. This outcome-focused approach helped people have experiences and achievements that were meaningful to them.

Positive outcomes included people, who previously stayed in hospital and more clinical settings, living in the community. A person told us "I thought I would always live in hospital. I now live here and have my independence and friends. I am proud of that and myself". We met people who had developed connections to their community after joining clubs, pursuing new interests in art and music, and regularly using local shops, cafes, and restaurants, achieving a sense of belonging.

The care home's approach to activities continued to improve. People had access to dynamic opportunities within the home and in their community. Wellbeing co-ordinators ensured there were popular activities available each day, and had strengthened co-operation with external community and voluntary organisations to maximise people's opportunities. People told us about art, music, and pet therapies and day trips of interest. This year's Open Day was a particular success with local musicians performing with residents as family members and neighbours attended to promote inclusion. Musicians continued to visit the home, providing lessons and developing people's skills and confidence.

Those who could not, or didn't want to, attend communal or outdoor activities, had regular visits from staff. These one-to-one sessions included meaningful conversations, reading, singing, and sensory activities. This ensured every person, regardless of need or choice, had access to stimulation and connection.

Every person living at the care home had a personal plan, known as a care plan. These were well-written, captured people's individual choices and needs, and gave staff clear guidance on how to support people effectively. Potential risks of harm and ways to reduce them were highlighted to keep people safe. We identified in our last inspection that there were gaps in daily recordings, and were pleased to see this had

been rectified. A summary of people's day - including their physical and mental health needs - were recorded to monitor and promote wellbeing.

People met with their keyworker regularly to review their health and progress in achieving outcomes. This not only ensured that care plans were accurate and up to date, it also gave people a voice and influence over their service, expressing what was working well and what could be improved. These individual sessions, in addition to frequent wider residents' meetings, were an example of person-centred and inclusive practice that helped people achieve very good outcomes.

How good is our setting?

4 - Good

We evaluated this key question as good because there were a number of important strengths which, taken together, clearly outweighed areas for improvement.

Riddrie House was clean, tidy and free of clutter and malodour. Communal areas had been decorated to make the service feel homely and inviting. There was a mix of lounges with comfortable seating, social rooms with pool tables, televisions and music, and more intimate spaces for when people wanted quieter times. A large dining room promoted socialisation during mealtimes, and was used for regular events and parties.

People's bedrooms were personalised to their individual choice with people's own furniture, pictures, and decorations evidenced. This promoted a sense of belonging and inclusion.

A dedicated housekeeper worked hard to ensure the home was clean and attractive. However, we noted the home had a reduced number of housekeeping staff. This meant additional pressure on the existing workers, and also care staff who completed extra housekeeping duties at times. The recording of the home's cleaning schedule had gaps, often when the housekeeping team were off. We recognised that, whilst there were no significant issues within the home's cleanliness and infection prevention and control, it may be difficult in future to sustain good practice with limited housekeeping workers. The management team agreed to prioritise the recruitment of additional housekeepers and provide guidance to all appropriate staff in the recording of cleaning schedules.

The care home had a maintenance officer who completed all of their regulatory requirements well. All health and safety checks including electricity, water, and equipment were frequent and robust. An effective system of quality assurance ensured the home was safe for people, staff, and visitors.

In our observations, we could see all staff, including those from maintenance, housekeeping, and kitchen, interacting well with people which contributed to the positive culture in service.

The service had an outdoor space towards the rear and one side of the home. This was utilised well for events. For example, a Gig in the Garden show, which included local musicians, was popular and well attended by residents, families, and neighbours. We encouraged the service to build on this achievement, promote more frequent use of the garden, and further develop an inviting, independently accessible space to promote people's sensory needs.

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 people's health and wellbeing, the service should develop frequent and robust quality assurance. This includes, but is not limited to, audits of medication and care planning, and accompanying action plans to support improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 24 February 2025.

Action taken since then

The management team, including a new operations director, had further improved the service's quality assurance systems. There were regular audits of key areas within the home, and additional external audits, to ensure the home was meeting its key performance indicators, promoting outcomes for people. This area for improvement was met.

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
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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