

Oakview Manor Care Home

Care Home Service

41/43 Newark Drive
Pollokshields
Glasgow
G41 4QA

Telephone: 01414 238 525

Type of inspection:
Unannounced

Completed on:
15 January 2026

Service provided by:
Oakminster Healthcare Ltd

Service provider number:
SP2003002359

Service no:
CS2003014530

About the service

Oakview Manor Care Home is registered to provide a care service for a maximum of 80 places for older people of which a maximum of four places may be used for respite or short breaks. Within the 80 places a maximum of two places can be for two specific, named adults currently in residence who are not yet older people.

The provider is Oakminster Healthcare Ltd.

The home is in a residential area of Pollokshields in Glasgow and is close to local amenities and transport links. There is a car park to the rear of the building.

The home is divided into two units over four floors, Caledonia House and Rannoch House. All bedrooms are single with en-suite toilet and showering facilities with lounge and servery areas available on each floor.

The ground floor has the main residents' lounge and dining areas, as well as a conservatory area for all to use. There is access to a garden area, at the side of the building, via a ramp.

There were 51 people using the service at the time of the inspection.

About the inspection

This was an unannounced follow up inspection which took place on 15 January 2026 between 09:30 and 16:00. The inspection was carried out by one inspector from the Care Inspectorate. This inspection was to follow up on two requirements and six areas for improvement made at the previous inspection on 19 August 2025, and one from an upheld complaint. 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 staff and management.
- Reviewed aspects of daily life.
- Reviewed documents.

Key messages

- A new manager had very recently started. Senior management continued to support the service to make improvements as identified at the August 2026 inspection.
- Improvements had been made to ensure that up-to-date care plans were now in place for each person.
- People could now be assured that systems and resources were in place to support quality assurance processes.
- The provider had continued to work through their environmental action plan.
- Staff we spoke with told us that they felt well supported by the new manager and the senior management. They spoke of the improvements that had been made and how these benefitted the people living there.

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

Requirements

Requirement 1

By 12 November 2025, the provider must ensure that people can be confident that standards of good practice are adhered to and drives change and improvement where necessary. To do this the provider must, as a minimum, ensure that:

- a) Governance and oversight systems are in place which identify risks and contain correct and up to date information.
- b) Staff and management have the skills, capacity and systems in place to identify risks, plan appropriate actions to address these and drive improvement.

This is to comply with Regulation 4(1)(a) and (b) (Welfare of users) 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 that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

This requirement was made on 19 August 2025.

Action taken on previous requirement

A new manager had very recently started. Senior management continued to support the service to make improvements as identified at the last inspection.

People could now be assured that systems and resources were in place to support quality assurance processes.

Staff we spoke with told us that they felt well supported by the new manager and senior management. They spoke of the improvements that had been made and how these benefitted the people living there.

Quality assurance, including self-evaluation and improvement plans, ensured standards of good practice were adhered to and able to drive change and improvement where necessary.

Met - within timescales

Requirement 2

By 12 November 2025, the provider must ensure each service user has a personal plan in place which sets out how the service user's health, welfare and safety needs are to be met.

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

- a) Staff have the knowledge and skills to use their electronic system.
- b) Relevant risk assessments are completed and used to inform the personal plan.
- c) Where a service user needs a specific aspect of their health monitored, that supporting documents are completed and that trained staff have an overview of these.
- d) Review the care plan at least every six months or sooner when there is a specific change in a service user's health, welfare and safety needs.

This is to comply with Regulation 5(1) and (2) (Personal Plans) 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 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).

This requirement was made on 19 August 2025.

Action taken on previous requirement

We sampled personal plans for people and found that improvements had been made to ensure that up-to-date care plans were now in place for each person. We found that relevant risk assessments were in place and the outcomes from these were used to inform the care plans.

Staff were now competent using the system which supported them to deliver care and support effectively.

Care plans were reviewed and updated regularly, and as people's outcomes changed.

Although a system was in place to support six-monthly reviews, a few were overdue due to delays by residents and/or families. We advised the service that reviews should still be carried out by staff in line with legislative requirements.

Met - within timescales

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 service should ensure that people receive their medications as prescribed. To do this the provider must, as a minimum, ensure that:

- a) There are robust audit trails to ensure that stock counts align with recorded usage.
- b) There is a clear note of actions taken following any anomalies.

- c) That prescribed creams and thickeners are always clearly labelled and used exclusively for the named individual.

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)

This area for improvement was made on 19 August 2025.

Action taken since then

People could be assured that they were being supported to receive their medications as prescribed. Systems were in place to monitor the electronic medication system and to ensure that people used their own creams and thickeners. We sampled this and had no concerns.

This area for improvement has been met.

Previous area for improvement 2

The service should ensure that people can be confident that their care supports good oral care in order to promote a clean and healthy mouth.

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)

This area for improvement was made on 19 August 2025.

Action taken since then

We found that toothbrushes and toothpaste were now stored hygienically and in use. Oral care training had taken place with all staff using a range of methods. People had care plans in place that identified their oral care needs. However, the service should continue to work with staff to ensure that they consistently record when oral care is delivered.

This area for improvement has been met.

Previous area for improvement 3

The service should ensure that all concerns and complaints raised by people and/or their representatives are recorded, investigated and responded to in a timely manner and follows their complaints procedure where appropriate.

This should include, but not be limited to, concerns raised to care staff, nurses or made directly to the management team. These should form part of the home's quality assurance and be welcomed and responded to in a spirit of partnership.

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 19 August 2025.

Action taken since then

We found that complaints management now aligned with the provider's policy and procedures. Several relative meetings had taken place, which gave an opportunity for people to raise any concerns. Action plans were put in place and followed up at the next meeting to make them meaningful.

This area for improvement has been met.

Previous area for improvement 4

To ensure that people can be confident that people's care and support needs are met effectively, the service should ensure staffing arrangements are safe. To do this, the provider should, at a minimum:

- a) Regularly assess and review people's care and support needs.
- b) Demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements.
- c) Implement quality assurance systems to evaluate people's care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: "My needs are met by the right number of people". (HSCS 3.15)

This area for improvement was made on 19 August 2025.

Action taken since then

People could be assured that the right number of staff with the right skills were working at all times to meet people's needs because the provider and management in the care home understood the needs and wishes of the people living there. We spoke with staff across the care home who confirmed this.

This area for improvement has been met.

Previous area for improvement 5

To ensure that people can be confident that staff have the necessary skills and competence to support them, the service should ensure that refresher training is carried out in line with their company policy.

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)

This area for improvement was made on 19 August 2025.

Action taken since then

People could be assured that refresher training was now taking place along with other face to face training as needed.

This area for improvement has been met.

Previous area for improvement 6

To ensure that people experience an environment that is well looked after, the service should carry out a room by room audit to enable them to devise an environmental action plan. This action plan should then be worked through until completed.

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

This area for improvement was made on 19 August 2025.

Action taken since then

The Dementia Friendly Care Home Environmental Assessment (EHE) interactive spreadsheet was completed, resulting in a comprehensive action plan. Identified actions had been prioritised by level of importance, with clear timescales established to support delivery and measurable improvement.

This area for improvement has been met.

Previous area for improvement 7

The provider should ensure that care plans comprehensively reflect how each individual's needs will be met in accordance with their personal preferences. This includes their likes, dislikes, wishes, and choices, as well as their views on culture, faith, and beliefs. Care plans should also specify any preferences regarding the gender of staff providing support with personal care.

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 1.55)

This area for improvement was made on 18 November 2025.

Action taken since then

We sampled care plans and found these aspects to be in place for people, where this was important to them.

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.

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