

Daniel House Care Home Service

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Type of inspection:
Unannounced

Completed on:
18 December 2025

Service provided by:
Mainstay Trust Ltd.

Service provider number:
SP2003000175

Service no:
CS2003000863

About the service

Daniel House, operated by Mainstay Trust Ltd, is a care home for eight adults with learning disabilities, located in a quiet residential area on Glasgow's south side. The home is a two-storey Victorian house with a well-kept garden. Eight people were living there at the time of our inspection.

About the inspection

We carried out an unannounced inspection on 16 and 17 December 2025 and gave feedback to the registered manager on 18 December. The inspection was carried out by two inspectors from Care Inspectorate.

To prepare, we reviewed previous inspection findings, registration details, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people who use the service
- one family representative
- six staff including management
- reviewed questionnaires from people who use the service, staff, and relatives.

Key messages

- People felt safe, valued, and respected.
- People took part in varied, meaningful activities that reflected their interests.
- Staff responded promptly and built positive relationships that supported wellbeing.
- The home was clean, comfortable, and homely.
- Care plans and assessment needed improvement to ensure accuracy.
- Formal quality assurance systems were needed to evaluate standards and inform improvement.

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?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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 had 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.

The service was making a positive difference to peoples' lives and supporting people to achieve their chosen outcomes.

Support was person-centred and responsive. People told us they felt safe and valued, and our observations confirmed care enhanced quality of life.

People told us:

"I am encouraged to move more."

"Staff support me when I am scared of the roads."

"I like that it is staff who are around my age supporting me."

This reflects emotional security and trust in staff.

Meaningful activities were varied and tailored to individual interests, including clubs, in-house events, and community participation. Religious beliefs and choice were supported and promoted. People had local connections with their neighbours and local community. These were genuinely purposeful, promoting inclusion and personal fulfilment.

People enjoyed their meals in an unhurried, relaxed atmosphere, and staff often ate alongside them. This approach promoted good nutritional intake and created a homely, social environment that encouraged inclusion and strengthened relationships.

Interactions between staff and people were warm, respectful, and empowering. Staff demonstrated patience and encouragement while supporting people to follow medical advice aimed at maintaining their physical health and wellbeing. There was evidence of proactive health management, including medication checks during handovers and good links with health professionals. This included adapting support following hospital discharge and arranging regular appointments with dieticians, physiotherapists, and GPs. This helped to keep people well.

The service promoted a flexible approach that enhanced people's wellbeing, mobility and confidence. People were encouraged to move regularly and remain as active as they could be, including using outdoor space where possible.

Relatives highlighted the service's role in protecting people and improving quality of life with comments such as:

"Would not have coped if not for the service and staff."

"100% wouldn't change a thing."

Outcomes were very good; however, this was not reflected within personal plans and care records. Staff used effective approaches to support stress and distress, but these were not documented, limiting the ability to evidence personalised care and guide consistent practice.

Improving recording and evaluation of outcomes would ensure positive experiences and achievements were clearly evidenced. We have made a related requirement in key Question 5 of this report that deals directly with assessment and personal planning.

How good is our leadership?

3 – Adequate

We evaluated this key question as adequate, were strengths only just outweighed weaknesses.

The service demonstrated a clear commitment to delivering good care. Management and staff knew people well, were motivated and worked hard to maintain positive experiences, even during challenging times. People felt confident giving feedback, and concerns were addressed with them and, where appropriate, their families, ensuring a person-centred approach.

While the manager was knowledgeable and demonstrated strong values, and a commitment to improvement, current operational demands, including direct care duties, had limited the opportunity to complete formalised quality assurance and governance activities.

Management systems require to be strengthened to demonstrate effective oversight, accountability, and consistent delivery of safe high-quality outcomes.

Formal quality assurance systems including audits of key areas of service delivery, self-evaluation and feedback from people who use the service should be used to inform a dynamic improvement plan. (See requirement 1).

Staff had access to a face-to-face induction and a suite of on-line training. Staff reported feeling well supported by management and colleagues. This promoted a positive work culture and ensured staff felt valued.

Some staff supervisions and observations of practice had been completed, but this was not consistent across the service. This could lead to gaps in practice oversight and missed opportunities for professional development.

Requirements

1. By 31 March 2026, the provider must ensure that robust quality assurance systems are in place to safeguard the health, welfare, and safety of people who use the service.

To do this the provider must, at a minimum:

- Formalise quality assurance processes with documented audits for key areas of service delivery including, but not limited to, medication management, personal plans, staff practice, development and training, and the environment.
- Develop and implement a dynamic service improvement plan that is regularly reviewed, includes clear timescales, and identifies individuals responsible for actions.
- Introduce structured self-evaluation processes that involve people who use the service, staff, and relevant external agencies.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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).

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The care home was maintained to a good standard, presenting as clean, comfortable, and welcoming. It offered a warm and homely atmosphere that supported a sense of belonging for the people who live there.

While the overall environment was positive, some areas required attention, plans were in place to refresh and upgrade tired communal areas such as hallways. This demonstrates a proactive approach to maintaining a pleasant environment.

Although the home was clean, cleaning schedules were not routinely completed. This should be improved; to evidence compliance in managing infection control risks.

People took pride in their surroundings and actively contributed to its upkeep. They worked together on allocated chores and tasks, which not only supported cleanliness but fostered a sense of ownership and community.

Bedrooms were spacious, modern, and highly personalised, reflecting individual preferences and identities. People were observed to be genuinely proud of their rooms, which enhances their comfort, wellbeing and sense of belonging. Some bedrooms benefited from en-suite facilities, offering privacy and convenience, while others shared bathrooms that were clean, well maintained, and equipped to meet people's needs. This ensured that personal care routines could be carried out safely and with dignity.

External areas, including gardens, were well cared for and provided outdoor spaces for relaxation and social interaction.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, were strengths only just outweighed weaknesses.

Personal plans, often called care plans, should capture people's wishes, needs, risks, and preferred support. Changes in the management structure since the last inspection appear to have impacted on the quality of assessment and personal planning.

Overall, plans were person-centred and involved people who use the service; however, were not updated as expected, and others lacked dates indicating when updates had taken place.

Clear and accurate records are essential to show what care means for individuals. Outcomes of consultations with professionals or discussions with relatives involved in decision making were not consistently recorded. This requires to be improved to ensure people get the right care for them.

As stated, staff knew people well, ensuring day-to-day care was caring, personal, and responsive. We heard that staff went the extra mile to ensure people achieved positive outcomes. However, documentation did not reflect the quality of support delivered. Care records lacked organisation, with outdated and current information mixed.

Risk assessments and personal plans should be updated to reflect people's current needs. This should include strategies to manage known risks, stress and distress. Personal plans should include the rationale for using monitoring technology and protocols to guide staff on the administration of medication prescribed on an as required basis.

To evaluate peoples care arrangements and ensure people get the right care for them; formal reviews should be undertaken and recorded at least six monthly and personal plans evaluated regularly.

Staff knew people well, this compensated for gaps in assessment and personal planning. However, this reliance on informal knowledge is not sustainable and presents a risk if key staff were absent, critical details could be missed, affecting care quality.

Strengthening record-keeping by ensuring plans are current, well organised, regularly updated, and written in a positive, person-centred way will provide a reliable framework for continuity and accountability. This will help ensure care is consistently supported by robust governance. (See requirement 1).

Requirements

1. By 31 March 2026, the provider must, at a minimum, ensure that all assessments and personal plans are complete, current, and well organised to support safe, person-centred care.

To achieve this the provider must:

- Update risk assessments and strategies to reduce known risks promptly following any changes in circumstances.
- Ensure personal plans set out how peoples current needs will be met, as well as their choices and wishes.
- Ensure all as required medication protocols specify clear criteria for administration, maximum daily dosage, and how effectiveness will be monitored.
- Document the rationale for the use of monitoring technology and review its necessity regularly.

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 is to comply with Regulation 5: Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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