

Ryan Meadows Care Home Care Home Service

149 Glasgow Road
East Kilbride
Glasgow
G74 4PA

Telephone: 01355 279789

Type of inspection:
Unannounced

Completed on:
12 January 2026

Service provided by:
Keane Premier Healthcare Ltd

Service provider number:
SP2008010039

Service no:
CS2022000327

About the service

Ryan Meadows Care Home is a registered care home service which provides care and support to a maximum of 60 older people. The provider is Keane Premier Healthcare.

The service is a purpose-built home situated in Nerston Village which is a residential area on the outskirts of East Kilbride. It has easy access to local amenities and transport links.

Accommodation is provided over two floors, with 60 single rooms, five with en-suite shower facilities and 55 with en-suite toilet facilities. There is a passenger lift providing access to each floor where there is a spacious communal lounge, dining area and bathing facilities on each floor.

There is a secure spacious courtyard garden area for residents and their visitors to use. There is a car park for visitors to the rear of the home. At the time of this inspection there were 56 people living at the home.

About the inspection

This was an unannounced follow-up inspection which took place on 12 January 2026 between 08:00 and 16:30 hours. Feedback was provided on 13 January 2026. The inspection was carried out by two 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 six people using the service and three relatives.
- For people unable to express their views, we observed interactions with staff and how they spent their time.
- Spoke with 14 staff and management.
- Spoke with two visiting professionals.
- Observed practice and daily life; and
- Reviewed documents.

Key messages

- Meaningful interaction opportunities for people and opportunities to access the community still need to be improved.
- Quality assurance systems had been improved ensuring strong oversight, clear governance and responsive action.
- The service should continue to promote staff development, including completion of supervisions and mandatory training.
- There had been improvements made to the environment. The service should ensure regular walk arounds are carried out to identify all maintenance and repair needs.
- The service should enhance personal plans to reflect each individual's needs, outcomes, and life history, and six-monthly reviews.
- The service had met all 5 requirements and 5 out of 6 areas for improvement from previous inspections.
- From the findings of this inspection, we have made two new areas for 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

4 - Good

The improvements found at this visit has resulted in the evaluation for this key question changing from adequate to good, as several important strengths outweighed areas for improvement.

The requirement had been met in relation to ensuring that medication management systems are safe, effective, and consistently implemented to protect the health and welfare of residents. The area for improvements had been met in relation to kitchen staff had access to regularly updated information about each individual's dietary needs and preferences. Improvements had been made to include people's belongings in their personal plans, which are transitioning to being online. More work is needed to promote meaningful activities to reflect people's interests.

We have reported on our findings under the following sections:

"What the service has done to meet any requirements made at or since the last inspection". And "What the service has done to meet any areas for improvement made at or since the last inspection".

How good is our leadership?

4 - Good

The improvements found at this visit has resulted in the evaluation for this key question changing from adequate to good, as several important strengths outweighed areas for improvement.

The requirement had been met in relation to reviewing and embedding quality assurance systems within the service.

We have reported on our findings under the following sections:

"What the service has done to meet any requirements made at or since the last inspection". And "What the service has done to meet any areas for improvement made at or since the last inspection".

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The requirement had been met in relation to staffing arrangements. However, further progress is needed to address layout of the building and incorporate feedback from stakeholders. The manager has given assurance that this will be incorporated into their staffing tool imminently. However, the service should continue to promote staff development. This has been made into an area for improvement (see area for improvement 1).

We have reported on our findings under the following sections:

"What the service has done to meet any requirements made at or since the last inspection". And "What the service has done to meet any areas for improvement made at or since the last inspection".

Areas for improvement

1. To promote people's health and wellbeing, the service should continue to promote staff development. This includes, but is not limited to, completion of mandatory training and supervision sessions 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 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).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The requirement had been met in relation to ensuring the care home environment is maintained to a standard. However, regular walk arounds of service are required to identify all maintenance and repair needs that should be recorded and addressed in a timely manner. This will be continued as an area for improvement (see area for improvement 1).

We have reported on our findings under the following sections:

"What the service has done to meet any requirements made at or since the last inspection". And "What the service has done to meet any areas for improvement made at or since the last inspection".

Areas for improvement

1. To maintain a safe, clean, and well presented environment, the service should ensure regular walk arounds are carried out to identify all maintenance and repair needs. These should be recorded consistently and addressed in a timely manner, to support effective oversight and ensure the environment remains safe and well maintained for people experiencing care.

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)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The requirement had been met in relation to ensuring personal plans are developed and maintained in a way that fully reflects each individual's health needs and supports person-centred care. However, ensuring people's life histories, outcomes and six-monthly reviews are completed will be continued as an area for improvement. (see area for improvement 1)

We have reported on our findings under the following sections:

"What the service has done to meet any requirements made at or since the last inspection". And "What the service has done to meet any areas for improvement made at or since the last inspection".

Areas for improvement

1. The provider should further develop personal plans to ensure they fully reflect each individual's health, welfare, and safety needs. This includes integrating meaningful life history information, clearly identifying personal outcomes and how they will be achieved, and ensuring six monthly reviews are completed and involve residents and their representatives.

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

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

Requirements

Requirement 1

By 11 January 2026, the provider must ensure that medication management systems are safe, effective, and consistently implemented to protect the health and welfare of residents.

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

- a) Implement robust systems for medication audits and error reporting, ensuring timely identification and action on issues.
- b) Ensure all staff involved in medication administration have completed and evidenced competency assessments.
- c) Ensure homely remedies are available for all residents who require them and that their use is appropriately recorded in line with best practice.

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).

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); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 29 September 2025.

Action taken on previous requirement

There had been daily oversight and targeted spot checks by senior staff which supported early intervention and effective quality assurance. This promoted safer outcomes for people. Staff competencies had improved, with completed assessments. This provided assurance that those administering medication were skilled and accountable.

Systems for homely remedies were well established and aligned with best practice, demonstrating readiness and safe governance.

Met - within timescales

Requirement 2

By 11 January 2026, the provider must ensure that effective and coordinated leadership is in place to support the delivery of safe, high quality care.

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

- a) Review and embed quality assurance systems to ensure they are consistently applied, monitored, and used to drive improvement.
- b) Ensure key documents, including audits and action plans, are accessible, regularly updated, and used to inform service development.

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 2011/201).

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 requirement was made on 29 September 2025.

Action taken on previous requirement

The service had significantly strengthened its quality assurance arrangements. Audits were consistently scheduled across all key areas and supported by effective tracking tools. Action plans were created promptly, and overdue items were clearly flagged. This provided management with strong oversight of incidents, tasks, and audit completion.

Key documents were readily accessible and regularly updated. Staff could view and support with completing actions, ensuring transparency and supporting continuous improvement.

Audit outcomes and action plans had been shared with staff and relatives, and managers have more plans to improve coordination by assigning staff tasks. These improvements had a positive and sustained impact on service development and oversight.

Met - within timescales

Requirement 3

By 11 January 2026, the provider must ensure that staffing arrangements are safe, responsive, and person-centred to support the health, safety, dignity, and wellbeing of people experiencing care.

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

- a) Ensure sufficient numbers of competent staff are on duty to meet the physical, emotional, and social support needs of people using the service.
- b) Deploy staff in a way that enables timely assistance with care needs, in line with people's preferences and routines.
- c) Undertake a comprehensive evaluation of people's current needs, including direct observations of practice, and use this to inform staffing levels.
- d) Demonstrate that staffing assessments have considered the layout of the building, communal areas, and feedback from people, their representatives, and staff.

This is in order to comply with section 7(1)(a) & (b) and (2) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ' My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me'. (HSCS 3.16)

This requirement was made on 29 September 2025.

Action taken on previous requirement

The service had strengthened its approach to staffing, with the daily staffing tool completed consistently and taking account of people's needs, appointments, skill mix, and medication requirements. Sampled data showed staffing levels were consistently above assessed need, helping ensure responsive care. While one activity coordinator supported a large number of residents, and care staff had limited involvement in activities due to workload, the manager had acknowledged this and discussed plans to address the culture around activity provision. Housekeeping staff remained visible and engaged positively with residents.

Staff deployment was effective, with each floor staffed by a senior or nurse and supported by appropriate numbers of care staff. Observations confirmed timely assistance, call alerts were not left unanswered for long, and people and relatives reported satisfaction with staffing responsiveness. Agency staff were used when necessary to maintain safe levels.

Practice evaluation had improved through direct observations and mentor feedback on personal care, nutrition, infection prevention and control, communication, and reporting. Meaningful feedback had contributed to improvements, particularly in IPC and communication, and dining audits had identified actions to enhance people's experiences.

The staffing tool considered some environmental factors, such as temporary area closures, and resident and relative feedback was gathered through meetings. However, further evidence is still needed to demonstrate how the building layout and feedback are fully integrated into staffing assessments. The manager assured us that feedback from people and layout of the building will be added to their staffing tool immediately.

Met - within timescales

Requirement 4

By 11 January 2026, the provider must ensure that the care home environment is consistently maintained to a standard that promotes safety, comfort, and wellbeing for people using the service.

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

- a) Develop and implement an environmental improvement plan that identifies priorities and follows a SMART approach (Specific, Measurable, Achievable, Realistic, Time-bound).
- b) Address maintenance and environmental issues in a timely manner, as identified through service action plans and routine checks.
- c) Actively seek and incorporate feedback from people using the service, and ensure the environmental plan is visible and accessible to promote transparency and accountability.

This is to comply with Regulation 4 (1) (a) (b) (Welfare of service users) and 14 (d) (Facilities in Care Homes)

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 which state: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This requirement was made on 29 September 2025.

Action taken on previous requirement

The service had developed and implemented an environmental improvement plan using a SMART approach. Several actions have already completed and there are ongoing updates demonstrating active progress. Maintenance issues are being addressed promptly, supported by a proactive full time maintenance officer, with further work planned to improve furnishings, décor, and wayfinding signage.

Feedback from people and relatives had been actively incorporated through meetings and use of the Kings Fund audit tool. The environmental plan had been shared through meeting minutes, newsletters, and the foyer screen, with plans to extend visibility throughout the home. These actions show progress in maintaining a safe, comfortable, and well presented environment that supports people's wellbeing.

While progress has been made, further work is required to address outstanding maintenance and repair issues across the home. Several areas still needed attention, including improving the presentation and accessibility of information for residents, resolving inconsistencies in room and equipment use in a timely manner. The service should continue to build on recent improvements, address identified gaps promptly and ensure all findings from environmental audits are fully implemented to maintain a safe and well presented environment.

This requirement has been met. An area for improvement has been made under 'How good is our setting?'

Met - within timescales

Requirement 5

By 11 January 2026, the provider must ensure that personal plans are developed and maintained in a way that fully reflects each individual's health, welfare, and safety needs, and supports person-centred care.

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

- a) Gather and incorporate life history information to support personalised approaches to care.
- b) Clearly identify personal outcomes and detail how these will be achieved.
- c) Ensure care plans and risk assessments are sufficiently detailed, regularly updated, and reflect current needs and preferences.
- d) Schedule, complete, and document six-monthly reviews for all residents, ensuring people and their representatives are involved.

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 2011/201).

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

This requirement was made on 29 September 2025.

Action taken on previous requirement

Personal plans showed ongoing improvements, with monthly reviews generally completed and additional updates made when health needs changed. Risk assessments were mostly reviewed monthly, and the move to online planning is helping to address gaps and reduce duplication.

Some life history information had been gathered, although entries such still need to be fully updated. Personal outcomes were not yet recorded in sampled plans. However, the registered manager advised these will be incorporated as online plans are developed. A review planner was in place, with some six monthly reviews completed. However, further consistency is required to ensure all residents receive two reviews per year with involvement from them and their representative.

This requirement has been met. An area for improvement has been made under 'How good is our care and support?'

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

To support people's mental, physical, and emotional wellbeing, the provider should ensure that individuals have daily opportunities to engage in meaningful activities that reflect their interests and preferences, and that they can access the wider community.

This is to ensure care and support is consistent with the Health and Social Care Standards, (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25) and 'I can maintain and develop my interests, activities and relationships'. (HSCS 2.22)

This area for improvement was made on 29 September 2025.

Action taken since then

A weekly activity planner was in place with two activities per day, and people were observed to enjoy those offered. The planner should be reviewed to ensure this is accessible for people. However, weekend activities had not been included, and staff working well together needed to be improved to increase meaningful engagement. Further progress is still needed to ensure regular, meaningful activities aligned with people's interests and took place regularly.

This area for improvement has not been met and will be extended.

Previous area for improvement 2

To support safe and person-centred nutritional care, the provider should implement a system that ensures kitchen staff have access to accurate and regularly updated information about each individual's dietary needs and preferences.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning'. (HSCS 1.33)

This area for improvement was made on 29 September 2025.

Action taken since then

Kitchen staff had access to accurate and regularly updated dietary information. There were preference sheets clearly displayed and updated promptly when changes occur. Communication between care and kitchen staff had improved, and updates are completed consistently. Daily dietary levels and preferences were reviewed and recorded, with information reflected on the board each day. These improvements demonstrate that the system for ensuring up to date nutritional information is effective.

This area for improvement has been met.

Previous area for improvement 3

To uphold people's rights and preferences, the service should ensure that personal plans include clear documentation of belongings and that staff consistently follow procedures to protect and respect what matters to each individual.

This is to ensure care and support is consistent with the Health and Social Care Standards, (HSCS) which state that: 'I have an accessible, secure place to keep my belongings'. (HSCS 5.3)

This area for improvement was made on 29 September 2025.

Action taken since then

Personal plans included clear documentation of people's belongings. This had started with new residents and information is currently being transferred to the new online system launched in December 2025. Those sampled had their belongings clearly recorded in their plans. This showed that staff are following the required procedures to respect and protect what matters to each individual. Remaining records will be transferred when personal plans have fully transitioned to the online system.

This area for improvement has been met.

Previous area for improvement 4

To support people's safety and wellbeing, the provider should embed analysis into accident and incident reporting. This will help identify patterns and trends, enabling timely preventative action and reducing risk.

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 29 September 2025.

Action taken since then

The service had strengthened its approach to accident and incident reporting. This included introducing detailed analysis of falls and injuries, with these being tracked and investigated. Patterns and trends have been actively identified, supported by a robust feedback loop. This included incident review, follow up actions, and shared learning with staff. These developments have enabled more timely preventative action and reduced risk. While full integration of all incident types is still progressing, the service has clearly embedded an analytical approach into its reporting processes.

This area for improvement has been met.

Previous area for improvement 5

To promote people's health and wellbeing, the service should continue to promote staff development. This includes, but is not limited to, completion of mandatory training, frequent observations of practice, staff meetings and supervision sessions 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 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'. (3.14)

This area for improvement was made on 29 September 2025.

Action taken since then

The service has made progress in promoting staff development, with group supervisions taking place and regular observations of practice evidenced. Staff meetings were also occurring routinely. However, individual supervisions were not yet happening consistently. Mandatory training compliance remains low due to transition to a new training platform. Further work is needed to improve completion rates and ensure staff have protected time to engage fully in development activities.

This area for improvement is no longer in place and a new area for improvement has been made under 'How good is our staff team?'

Previous area for improvement 6

The service must develop a system to ensure personal plans are archived securely and respectfully with information being accessible and available when needed.

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This area for improvement was made on 29 September 2025.

Action taken since then

The service had an organised archiving system, with stored files clearly itemised, making information easy to locate when needed. No concerns had been raised about accessing archived documents, demonstrating that the system was reliable and responsive. The service was also progressing toward digital personal planning, which will further support efficient storage and ensure archived information becomes even more accessible.

This area for improvement has been met.

Previous area for improvement 7

To promote people's health and wellbeing, the service should continue to ensure it completes daily recordings of people's experiences. This includes, but is not limited to, recordings of people's continence and personal care, food and fluid intake, and skin integrity.

This is to ensure that care and support is consistent with the Health and Social Care Standard (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 area for improvement was made on 29 September 2025.

Action taken since then

The service had strengthened its daily clinical monitoring, including food and fluid intake, wound care and overall health observations. This was supported by regular audits and oversight meetings. These improvements have enhanced the reliability of information used to assess people's needs. However, full transition to electronic records and addressing occasional gaps in documentation remain important, to ensure people's day to day experiences are consistently and accurately captured.

This area for improvement has been met.

Previous area for improvement 8

To promote people's health and wellbeing, the service should ensure that people's goals and wishes are identified and monitored in personal plans. This will develop a more person-centred and outcome-focused service culture.

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) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 29 September 2025.

Action taken since then

There is ongoing work to improve personal plans, with the service beginning to incorporate people's goals and wishes. This work remains in progress and will require more time for full integration into plans, supporting a more person centred and outcome focused approach.

This area for improvement is no longer in place and will be reworded into an area for improvement under 'How good is our care and 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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