

## Riverside Project Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
30 October 2025

**Service provided by:**  
Talbot Association Limited

**Service provider number:**  
SP2003000185

**Service no:**  
CS2003000940

## About the service

The Riverside Project is registered as care home providing support and accommodation to 12 adults with a history of homelessness and mental health problems. The provider is Talbot Association Limited. There were 12 people being supported by the service at the time of this inspection.

The service is located in a residential area in Govan, close to local shops and transport links. The service is provided from a purpose-built property, with accommodation on three levels. Residents have access to communal spaces on two of the floors. All bedrooms are single occupancy and have ensuite facilities.

## About the inspection

This was an unannounced inspection which took place on 29 October 2025 between the hours of 11am and 3.45pm. The inspection was carried out by one inspector from the Care Inspectorate. This was a follow up inspection to assess progress towards meeting two requirements made at the inspection which took place on 7 August 2025.

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 three people using the service
- spoke with two staff and management
- observed practice and daily life
- reviewed the action plan submitted by the manager
- reviewed documents

## Key messages

- People continued to indicate their satisfaction with the support they received
- Smoking restrictions in line with current legislation had not been implemented
- Some furniture needed to be replaced to enhance peoples experience of their environment
- The provider had not met the requirements made at the last inspection

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

### Requirements

#### Requirement 1

By 3 October 2025 the provider must ensure that any furniture that has been identified as needing to be condemned because it presents a risk to health due to being damaged or being difficult to clean is removed and where necessary replaced.

To do this the provider must at a minimum:

- a) Conduct an environmental audit detailing any furniture identified as requiring to be removed and replaced.
- b) Develop a plan to remove and where necessary replace furniture that has been identified in the environmental audit.
- c) Ensure that there is a robust system in place to identify and replace furniture that fails meet expected standards, on an ongoing basis.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices. (HSCS 5.21) and '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 7 August 2025.**

#### Action taken on previous requirement

The manager advised that environmental audits will now be carried out on a monthly basis to identify any furniture requiring removal and replacement, as well as other environmental improvements. The manager had recently completed an assessment that identified several pieces of furniture requiring replacement, this identified some of the same furniture noted in previous environmental audits.

Although a formal request for new furniture had been submitted to head office following this audit, at the time of the inspection, the manager was unable to confirm whether any orders had been placed. This included a request for furniture for bedrooms including chairs and furniture for a communal lounge currently undergoing redecoration, where furniture had been condemned and already removed.

Furthermore, we observed that there had not been regular updates from head office to keep the manager apprised of the progress of this furniture request. We noted that there was no action plan in place identifying when the existing furniture would be removed and replaced. This meant that there was prolonged use by residents of furniture that was in a poor condition.

This lack of planning and communication has contributed to delays in addressing this requirement and consequently it has not been met and will be extended to be completed by 28 November 2025.

## Not met

### Requirement 2

By 3 October 2025 the provider must write and implement a no smoking policy to ensure that people are cared for in a smoke free environment at the premises used for the provision of the care service.

To do this the provider must at a minimum:

- a) Ensure that the policy identifies the areas where smoking is not permitted within the care home.
- b) Ensure that the policy identifies who must comply with the smoking policy e.g. care staff, residents, visitors and relatives of those receiving care.
- c) Indicate when the policy will be reviewed.
- d) Specify what action the provider will take if the policy is not adhered to.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells'. (HSCS 5.18)

This takes account of the Smoking, Health and Social Care (Scotland) Act 2005.

**This requirement was made on 7 August 2025.**

### Action taken on previous requirement

At the time of the inspection, there was no smoking policy available for review, and the manager was not aware of any progress toward developing or implementing one. This absence had impeded the effective enforcement of smoking restrictions within the care home in line with current legislation. While residents had been informed of changes to smoking arrangements within the building and those we spoke with were accepting of these changes, the lack of a formal policy created uncertainty around consistent enforcement and operational clarity.

Staff were also aware of the changes, and the manager advised that a smoking shelter was proposed for installation at the front of the service for resident use. However, we found no evidence that the shelter had been ordered and we were not provided with an improvement plan that referenced this.

The absence of a documented smoking policy and a clear implementation plan is hindering compliance with legislation in relation to smoking and delaying the provision of appropriate facilities. A formalised approach is needed to ensure smoking arrangements are safely managed and communicated to all stakeholders.

This requirement has not been met and will be extended to be completed by 28 November 2025.

## Not met

## 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 independence, the provider should regularly assess the level of support people need to take their prescribed medication to ensure this is consistent with their abilities and to promote independence.

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 17 May 2024.**

#### Action taken since then

The manager had developed a medication assessment tool intended to evaluate the level of support individuals require with their medication. However, we identified that this required further development to ensure it provides a reliable basis for care planning or support decisions and ensure that individuals do not receive more support than necessary, potentially limiting their independence and autonomy.

We also noted that staff were not completing the tool properly, which meant it was not always possible to see what level of support had been identified through the assessment process. Without a robust and consistently applied assessment process, the service may struggle to ensure that medication support is tailored to individual needs.

Ideally, an assessment tool should be designed to identify any barriers that may prevent individuals from managing their own medication, where increased independence is appropriate. Where such barriers are identified, they should be further explored with the individual to determine suitable interventions or adjustments.

Clear guidance and training for staff will be essential to ensure staff can confidently assess, encourage, and facilitate safe medication practices and shift the perception of their role from administering medication to promoting independence and providing more person centred support.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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