

Mearns View Care Home Care Home Service

Mearnsview Care Home
416 Mearns Road
Newton Mearns
Glasgow
G77 5RY

Telephone: 01628662888

Type of inspection:
Unannounced

Completed on:
4 December 2025

Service provided by:
NM Care LLP

Service provider number:
SP2023000085

Service no:
CS2023000127

About the service

Mearns View Care Home is a registered care home that provides care and support for up to 66 older people and one adult aged below 65. The provider is NM Care LLP operating as Care Concern. At the time of our inspection there were a total of 42 people living the home.

Mearns View Care Home is situated within a residential area, close to the centre of Newton Mearns on the outskirts of Glasgow.

The care home is built over three floors and has 67 individual rooms with en-suite facilities. It contains a café, cinema and hairdressers as well as several communal lounges and dining rooms.

It has a large, enclosed garden with outdoor facilities, including a play area for children who are visiting relatives in the home. Several bedrooms on the ground floor have their own patio area leading out to the garden.

There had been two changes of manager in the recent past and the manager in place during the inspection was in place was not in the position permanently.

About the inspection

This was an unannounced inspection which took place from 2 till 4 December 2025. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with 11 people using the service.
- And receive responses to an online survey from one
- Spoke with 22 members of staff and management.
- Spoke with eight visiting family members or friends.
- Received emails with comments from a further four family members or friends
- Spoke with one visiting professional.
- Observed practice and daily life.
- Reviewed documents.

Key messages

People's health and wellbeing was generally well supported through involvement of health professionals, safe medication management, and good nutrition.

Improvements were needed in follow-through on actions, personalised activity planning, and staff understanding of stress and distress.

Quality assurance processes were in place but not consistently applied, and leadership roles lacked clarity, the new manager had begun addressing these gaps to support continuous improvement

Staff were recruited and trained well, and there were enough staff on shift to meet people's needs; however, high agency use and some leadership issues affected consistency and organisation.

The home had high quality facilities which supported people to be active and sociable. Personal plans would benefit from being more person centred to ensure that people receive care based on their own individual needs and likes.

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?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	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?

4 - Good

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

People, their legal representatives, and relevant health professionals had been involved in the development of people's care plans this meant that they reflected people's health needs well. We heard that staff took advice well from visiting health professionals which ensured that people were given the health care they needed. However, some family members and visiting professionals had raised concerns about a lack of follow-through and initiative at times, noting that they often had to prompt staff to take action on issues and concerns. This was something we also observed during the inspection and had been recognised by the manager. We have written an area for improvement to ensure that this is addressed. (see area for improvement one)

Medication was managed and administered safely using an electronic system. Protocols for "as required" medication were in place and appeared appropriate, and alerts on the electronic system ensured outcomes were recorded.

Food and drinks were available throughout the day and enjoyed by residents. Snacks, including fruit, were accessible in dining areas and the coffee bar. Mealtimes were calm and pleasant. Meetings and surveys had been used to gather residents views of meals. However, recording of food intake could have been improved, as we observed occasions where breakfast had been missed or partially missed due to time management issues. The kitchen managed soft and modified diets well and there was fortification available to add calories to food where needed. This meant that people's nutritional needs were managed well.

Regular activities were provided to support physical health, social interaction, and enjoyment. Lack of recording of people's day meant we could not see evidence of a well-managed system to ensure that people who were been less able or less inclined to participate had been given opportunities to engage. We were only able to see when people had taken part in the group activities. Activity plans would benefit from being more person centred to ensure meaningful engagement for each individual, which could include tasks such as housework or office work. We discussed ways this could be managed, for example, implementing a "Resident of the Day" approach, and exploring the POOL Activities Assessment Tool. These would ensure that there were opportunities for people who needed more support to engage and participate.

There had recently been some training for staff on stress and distress. Despite this, we found that plans to support people when they experienced stress and distress were under developed and were not personalised. We also found that the descriptions of incidents suggested that not all staff had a good understanding of dementia and how best to support people when this causes stress. We have therefore, written an area for improvement to address this. (see area for improvement two)

Areas for improvement

1. The provider should ensure that the staff team are supported to keep track of actions that need to be followed up on. This will ensure that people do not miss health appointments and that referrals to health professionals are made when necessary. There should be a process in place which can be checked to ensure it has been completed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am assessed by a qualified person, who involves other people and professionals as required". (HSCS 1.13)

2. The provider should ensure that staff at all levels have an appropriate level of understanding of dementia, cognitive impairment and how to support people with stress and distress. This should include, training, coaching and support to ensure that people have good care and support based on good practice.

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 leadership?

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 changes to the management team had impacted on the consistency of methods used to ensure quality. This meant that there were gaps where processes had not been completed or had been changed which meant that it was difficult to see how processes were able to ensure continuous improvement.

Processes to monitor people's experiences existed, but these had not always been used to best effect. While information had been gathered, there appeared to have been a lack of action in using this information to make changes and identify areas for. The new manager had identified areas that needed to be addressed using the information available and made steps to make changes to improve people's outcomes.

The manager demonstrated a good understanding of the changes that were needed. Leaders at other levels appeared to lack awareness of their role in quality assurance and quality control activities. This had been acknowledged as a work in progress.

We have written an area for improvement to ensure that staff who have a leadership role are supported to fulfil this role. This will mean that people are supported by a team who understand their responsibilities and use processes and information to monitor people's outcomes. This would support a culture of continuous improvement in the home that supports good outcomes for people. (see area for improvement one)

Areas for improvement

1. The provider should ensure that staff members with leadership responsibilities have the knowledge and understanding they need to carry out the leadership parts of their role effectively. This should include training for leadership as well as internal development of people's role and responsibilities.

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 staff team?

4 - Good

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

Good recruitment processes were in place and followed by an induction process that ensured that staff were sufficiently competent before they were counted in the numbers of staff on shift. There was evidence of a thorough and responsive training programme that combined face to face and online training. This meant that the staff team had the knowledge and skills they needed to do the main parts of their role, we have discussed training for stress and distress in key question one.

Non-support staff were utilised at busier times of the day, for example the hospitality team supported people at mealtimes. Members of the domestic team provided social interaction to people in their own rooms and saw this as a pleasant and vital part of their role. This meant that staff at all levels were involved in providing people with a positive experience.

There were sufficient staff on shift to provide care; however, there was a relatively high level of agency staff use at the time of the inspection. This impacted on staff as there was not the knowledge of people or the service that there would be with a stable staff team.

We observed some occasions when staff had been stretched or not well organised, and this appeared to have been due to leadership issues rather than staff lacking the necessary skills. We have discussed leadership and written an area for improvement under key question two.

How good is our setting?

5 - Very Good

We 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 home was pleasant, inviting, accessible and comfortable. It was finished and furnished to a high standard. The environment was clean with plenty of fresh air circulation. The garden was well maintained and large with fencing in place to ensure that residents were safe, including where there were slopes in order to prevent falls.

The layout of the home created a social hub around the café, cinema and hairdressing room. This was enjoyed by people who were able to socialise with others who lived in the home or with their visitors.

There were a choice of lounges and dining areas and people used these to choose who they spent time with or what they wanted to watch on television. Some people visited their friends in each other's rooms which allowed them more privacy than in the shared lounges.

Maintenance and cleaning schedules were completed and ensured that the home was maintained to a high standard. Laundry and waste management practices followed good practice guidelines and ensured that people experienced high quality facilities that prevented passing on of illnesses and infection.

Some suggestions had been made by residents about things they would have liked to see available, such as a sports bar, and discussions were underway to consider converting one of the lounges for this purpose. This would provide an area to support people to have their social needs met.

The management team had completed an audit to assess how dementia-friendly the home was and had been working to source new signage to support people in finding their way around the home. This would ensure that people with cognitive impairments could find their way around the home.

How well is our care and support planned?**4 - Good**

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

Risks were assessed on a basis of both keeping people safe and enabling risk. This supported the home's ethos of encouraging independence as far as possible.

The service had electronic personal plans in place and people's health needs were well documented and assessed. Plans were regularly updated and assessed as people's care needs changed. Regular reviews took place and these involved people and their representatives where appropriate. We could not see that people's plans were always updated following their reviews. This meant that we were unsure if care plans were always based on the most up to date information about the person's needs.

We found that many of the plans would benefit from more person centred details. We reviewed a sample of stress and distress plans, and found that these lacked the person centred information required to ensure that people were supported to remain content and prevent escalation. We have written an area for improvement to ensure that people's plans are written in a person centred way. (see area for improvement one)

The electronic care planning system used in the home was also used to record the activities that people participated in during the day. We found that this was not being accurately recorded in all cases. This meant that there was not good quality evidence of how people's needs have been met, including their health and wellbeing. This would require some training on the system as well as setting up the system to prompt staff to make recordings about people's wellbeing and mood. We have written an area for improvement to ensure that recoding practice improves (see area for improvement two)

Areas for improvement

1. The provider should support staff members involved in writing and reviewing care plans to understand the importance of writing person-centred care plans and to develop their skills in writing in an outcome focussed, person-centred way.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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).

2. The provider should ensure that staff are aware of their responsibility to keep accurate and up to date records for each person experiencing care and ensure that the electronic system is set up to support good recording of people's days.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected".(HSCS 1.23)

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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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