

# Bridge of Weir Care Home Care Home Service

11 Kilmacolm Road  
Bridge of Weir  
PA11 3PF

Telephone: 01505 851 850

**Type of inspection:**  
Unannounced

**Completed on:**  
19 November 2025

**Service provided by:**  
Bridge of Weir Care Home Limited

**Service provider number:**  
SP2020013532

**Service no:**  
CS2020380109

## About the service

Bridge of Weir Care Home is registered to provide care for up to 74 older people. The service provides nursing care in a modern, purpose-built building with three floors. Each bedroom includes an en-suite wet room. Each floor has two dining rooms, a smaller lounge and dining areas, and assisted bathrooms. The ground floor includes a hair salon and a cinema. Residents on the lower floor have direct access to a private terrace, while those on the upper floors use outdoor balconies connected to the dining rooms for outside access.

## About the inspection

We carried out an unannounced inspection from 11 to 18 November 2025. Two inspectors carried out this inspection which took place over several days between the hours of 07:30 and 19:15.

To prepare for the inspection, we reviewed previous inspection reports, registration details, and updates from the service.

In making our evaluations of the service we:

- spoke with seven people using the service and eight family members
- spoke with 14 staff and management
- spoke with three visiting professionals
- reviewed four survey responses from family members and one from a person using the service.
- observed practice and daily life over three days
- reviewed documents.

## Key messages

- People were supported by a kind, committed and stable staff team who knew them very well.
- Support plans were person-centred and reflected individual needs, helping staff deliver safe, high-quality care for people.
- Staff used their health knowledge to monitor people closely and respond quickly to keep people well.
- Leaders were approachable, listened to feedback and actively drove improvements across the service.
- People enjoyed modern, high-quality facilities and had plenty of opportunities to stay active.

## 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?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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 evaluated this question as very good because we found significant strengths in how the service supported people's health and wellbeing. These strengths had a positive impact on people's outcomes.

People experienced care from compassionate, knowledgeable staff who knew them extremely well. We saw many warm interactions. Staff took time beyond basic tasks to create meaningful moments for people, such as dancing together, or chatting over a cup of tea. People and their families spoke very positively about the care. One supported person said staff were "out of this world", and another said they had "nothing but compliments" for the staff. Staff worked hard to keep care plans detailed and up to date. This approach built strong relationships and helped people feel safe and well cared for.

People's health was well supported because staff used effective systems to monitor and respond to their needs. Nurses used recognised health tools to assess and track changes and leaders checked records regularly so nothing was missed. An in-house physiotherapist helped people recover from falls and stay active, which families told us improved mobility. Visiting health professionals said the service responded quickly to any health concerns. Medication was managed safely through a robust system.

At mealtimes people enjoyed a varied and balanced diet in a relaxed, positive atmosphere. Staff supported those who needed help using detailed care plans based on good practice, and leaders made sure the right staff provided this support each day. People had choice over what they ate and drank, we saw people selecting alternatives to the menu, and one person had their own individual menu. Mealtimes were well-staffed and calm. We asked the service to ensure a staff member was always positioned in the dining area during meals for safety, and they acted on this. Effective systems for nutrition meant people ate and drank well.

The service delivered high-quality end-of-life care for people and their families. Staff were trained as champions in this area, and we saw this making a difference to practice. The home introduced comfort boxes to help families create memories and shared helpful information with families to raise awareness. Families told us staff were compassionate when discussing end-of-life plans, and the home invited family members to activities after bereavement. These efforts offered families care and comfort through a very difficult time.

The service encouraged people to be social and stay active. There was a variety of activities and events available each day, including weekends. Staff used the minibus weekly for community outings and offered at least two activities every day, along with seasonal events. Families visited regularly and told us staff welcomed them warmly, communicated well, and encouraged them to join in. These opportunities helped people stay active and connected to others.

## How good is our leadership?

5 - Very Good

We evaluated this key question as very good because we found significant strengths in how the service drove improvement in care. These strengths had a positive impact on people's outcomes.

The leadership team were approachable, visible, and responsive and worked hard to make changes based on feedback. People had frequent opportunities to share their views through residents' and relatives' meetings, monthly care check-ins, and the day-to-day presence of leaders in the home. Many relatives gave examples

of the staff team making changes to their loved one's support after they suggested improvements. This created a positive culture of trust where people felt listened to.

The service had effective systems to record and learn from incidents and accidents. We saw strong partnership working with external agencies such as social work and community nurses, with staff quickly referring when someone was at risk. Staff debriefing after incidents was common practice, giving staff the chance to reflect and learn.

Leaders carried out regular audits of medication, falls, infection prevention and control, personal plans, and weight management. Weekly clinical meetings and daily handovers addressed issues and themes from these checks. These audit and oversight systems helped maintain high standards of care. To keep care consistent, we advised the manager to delegate more responsibilities to other leaders, which would help keep standards high in the longer term.

A service improvement plan is vital because it set clear actions to improve outcomes for people, aligned with recognised standards. We saw very good improvement planning in place. Plans were dynamic and based on a range of sources, including people's views. We also saw evidence of completed actions, such as improving how complaints were managed and strengthening community links within the service. This demonstrated a strong commitment to continuous improvement and getting things right for people.

### How good is our staff team?

### 5 – Very Good

We evaluated this key question as very good because we found significant strengths in staffing arrangements and staff development. These strengths had a positive impact on people's outcomes.

The service had made significant progress in staff retention, which supported more consistent care for people. Managers continually reviewed staffing arrangements to maintain this stability and recruited new staff safely in line with good practice. We observed staff in all roles providing kind, compassionate, and person-centred care. Their approach extended to families and helped create a warm, inclusive atmosphere throughout the home. People and relatives spoke highly of staff, describing them as attentive and quick to respond to individual needs.

Staffing levels were flexible and effective in meeting people's needs. During our observations, staff had enough time to spend quality time with people, such as the daily 3pm tea and chat. Staffing levels were set using a dependency tool, which management reviewed monthly. The service showed flexibility based on people's needs, for example, increasing support in the memory care unit during early evenings and providing an activity worker at weekends. There was a good mix of skills across shifts, with each floor led by a nurse or team leader. This approach helped staff access the right support and guidance when needed. Several family members told us there was enough support in place, except during times of staff sickness, which they understood was to be expected. These staff arrangements helped staff provide safe, person-centred care.

Staff were part of a supportive team that prioritised learning and wellbeing. Competency assessments took place regularly and included clear action points for improvement. Staff received a structured induction and core e-learning training, with additional training tailored to people's needs, such as dementia care. This training included reflective accounts reviewed by managers. Champion roles in areas like infection prevention, falls prevention, memory care, and end-of-life care strengthened practice in these areas. Supervision was regular and included discussions about training and wellbeing. We suggested adding a training needs plan for each staff member to provide clarity on long-term development goals. Staff spoke about feeling supported through regular team meetings, approachable leadership, and flexibility around

work schedules. These measures helped build a positive team culture and supported staff to deliver care with confidence.

## How good is our setting?

5 - Very Good

We evaluated this key question as very good because we saw significant strengths in the environment. These strengths had a positive impact on people's quality of life.

The home felt warm, homely, and well decorated. All rooms had ensuite wet rooms that supported people's privacy, and assisted baths were available for those who needed them. Communal areas were well maintained, and there were several small living spaces where people could meet visitors in private. Extra amenities, such as the cinema and hairdressing room, added comfort and choice. Bedrooms were personalised with wallpaper, pictures, and personal items, which helped people feel connected to their surroundings. We saw examples of a new resident displaying their own artwork and another keeping a pet budgie. This support helped people feel comfortable and at home.

People shared their views about the environment during resident and relative meetings, which gave them regular opportunities to influence décor and how spaces were used. For example, the bottom dining room layout had recently changed following feedback from people. Outdoor spaces were well maintained, and people contributed through gardening and painting. This helped to promote engagement and a sense of ownership.

Maintenance, cleaning, and laundry systems were well organised. We saw clean, tidy spaces and prompt responses to repairs. This helped keep the environment safe and comfortable. While the environment was strong overall, some improvements were needed. People gave ongoing feedback about the home being too warm during hot weather. The service should continue building on these improvements using best practice guidance to make this floor more dementia friendly. The last inspection highlighted the need to replace the carpet in the Memory Care Unit. This had not yet been addressed. We asked the service to prioritise this replacement because it is essential to ensure comfort for people living with dementia on this floor. Some positive changes had been made in the Memory Care Unit, such as adding fiddle boards and contrasting tablecloths.

## How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good because we found several significant strengths in assessment and planning that supported positive outcomes for people.

Personal plans reflected people's rights, choices, and wishes. Staff documented health needs clearly and included detailed guidance on how to manage and care for people with more complex needs. This helped people receive safe and consistent care. Each care plan sampled began with detailed information about people's lives, histories and interests, helping staff understand what mattered most to people. Charts for areas such as food, fluids, and movement turns were accurate and up to date. Staff only used these charts when there was an evident health reason, which meant people were not subject to unnecessary monitoring.

Working in partnership with families is vital to ensure care remains truly person-centred. Several families told us they were meaningfully involved in the care planning process. Everyone we spoke to had access to a web app that allowed them to view their loved one's care notes in real time, ensuring transparency. Families took part in both monthly and six-monthly reviews and told us staff kept them very well informed about any changes.

The 'resident of the day' monthly review system was very well established. It meant each person's care plan received a monthly review, alongside more structured six-monthly reviews. Reviews included the whole team - nurses, key workers, domestic and kitchen staff, and the manager. The in-house physiotherapist also contributed by completing an individual physiotherapy review. This robust process ensured plans stayed up to date and reflected people's needs.

We suggested adding more detail about social activities to care plans, especially for those who needed one-to-one social support. This would help ensure that people who could not take part in group activities still had opportunities for meaningful social contact and positive social outcomes. While this may already happen in practice, the plans did not make this clear.

Overall, care planning was thorough and person-centred, with families and staff working closely together. This strong partnership ensured people received care suited to their needs.

## 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 provider should ensure that people benefit from robust quality assurance systems that drive continuous improvements. Actions identified from audits, as well as feedback from people experiencing care and stakeholders, should be clearly linked to the service improvement plan.

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) and  
'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 22 July 2024.**

#### Action taken since then

The service had improved its quality assurance systems. The service improvement plan was clear, evidence-based, and linked to audits and feedback from people, families, and stakeholders. Actions had timescales and were reviewed regularly. Feedback from residents' meetings shaped the plan. The plan showed ongoing progress, such as hiring a third wellbeing worker to improve weekend activities and planning more community involvement like a choir.

This area of improvement has been met.

#### Previous area for improvement 2

To ensure that people are always being supported safely, the provider should provide the management team with a full inventory of required equipment and utilities service checks, detailing the timing of such checks and ensuring they are carried out within the noted timescales. The associated paperwork should be in place and easy to locate.

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 5.24)

**This area for improvement was made on 22 July 2024.**

**Action taken since then**

All maintenance checks were in place and completed within timescales. The associated paperwork was organised and easy to access.

This area of improvement has been met.

**Previous area for improvement 3**

To ensure people's healthcare needs are well met, effective systems should be in place for the assessment and management of people's pain. This should include assessment where people cannot verbalise the pain they may be experiencing.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

**This area for improvement was made on 25 June 2025.**

**Action taken since then**

Staff regularly used the Abbey Pain Scale to assess pain for people who could not communicate verbally. They followed medication protocols for everyone who experienced pain. Personal plans were detailed and included non-medication comfort strategies and clear information about non-verbal signs of pain for people with communication difficulties.

This area for improvement has been met.

**Previous area for improvement 4**

To ensure people are protected, staff should follow service procedure in respect of prompt recording and reporting of all injuries people experience, while ensuring that agreed adult protection procedures are followed.

This is in order to comply with:

Health and Social Care Standard 3.17: I am confident that people respond promptly, including when I ask for help.

**This area for improvement was made on 26 June 2025.**

**Action taken since then**

Records showed incidents and injuries were recorded promptly, in line with procedures. The service also carried out incident and falls analysis to learn from these events. Escalation processes were clear, and all notifications were managed thoroughly and appropriately.

This area for improvement has been met.

**Previous area for improvement 5**

To ensure people experiencing care, and their families, can have confidence in the service, all complaints should be logged and actioned in line with the complaint handling policy and procedure.

This is in order to comply with:

# Inspection report

Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

**This area for improvement was made on 26 June 2025.**

## Action taken since then

The service logged and handled complaints in line with the complaints policy. Recent complaints we reviewed showed timely and detailed responses, with external professionals involved when needed. The complaints policy was displayed at the home's entrance, and people told us they received a copy when they moved into the home.

This area for improvement has been met.

## Previous area for improvement 6

Where essential equipment is found to be defective this should be replaced as soon as reasonably practicable and with minimal delay.

This is in order to comply with: Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 28 August 2025.**

## Action taken since then

We sampled the repair logs on each floor of the home. The logs showed that checks and repairs were recorded promptly, and the maintenance team reviewed them daily. All essential equipment we observed was in full working order.

This area for improvement has been met.

## Previous area for improvement 7

Records kept should be clear, accurate, and include all relevant information.

This is in order to comply with: Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 28 August 2025.**

## Action taken since then

All records we sampled matched the needs of the people we spoke with and observed. Staff had clear guidance on what to record and how to record it. The notes we reviewed appeared accurate, clear, and easy to follow, based on the information available to us.

This area for improvement has been met.

## Previous area for improvement 8

Where an individual requests information about a service to which they are entitled, this should be provided in a timely manner.

This is in order to comply with: Health and Social Care Standard 4.20: I know how, and can be helped, to make a complaint or raise a concern about my care and support.

This area for improvement was made on 28 August 2025.

## Action taken since then

People had timely access to information they were entitled to, including care plans and daily notes. The complaints policy was available at the home, and communication channels such as relatives' meetings and WhatsApp groups helped keep families informed.

This area for improvement has been met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## 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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

### Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

### Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is càinain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلؤں اور دیگر زبانوں میں فراہم کی جا سکتی ہے۔

ਬਿਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

**هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب**

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.