

Rutherglen Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
14 January 2026

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

Service no:
CS2017361020

About the service

Rutherglen Care Home is registered to provide a care home service to 225 older people. The provider is Advinia Care Homes Ltd.

The care home is situated in a residential area of Rutherglen. There are good transport links and access to local amenities.

The service presently operates three of nine separate houses (six are currently closed). Each house provides up to 30 single bedrooms, none of which have en-suite facilities. There are shared toilets, one bath and one shower for 15 people on each side of the house.

Each house has a large communal lounge/dining area with access to outdoor seating, in small courtyard gardens, in each of the houses for people to use.

At the time of this inspection, there were 71 people residing at the home.

About the inspection

This was an unannounced inspection which took place between 12 and 14 January 2026. 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 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 28 people supported by the service and 12 of their relatives
- spoke with 26 staff and management
- spoke and received feedback from three visiting professionals
- observed practice and daily life
- reviewed documents
- reviewed survey questionnaires returned to us from seven people supported, four relatives and 9 staff.

Key messages

- We observed kind and caring interactions between people living at the home and the staff.
- People and their relatives were overall satisfied with the care and support provided.
- People would benefit from more opportunities for meaningful engagement.
- Quality assurance systems require improvement to give the management team clearer oversight and direction for service development.
- Staff were motivated and committed to offering high quality support.
- Staff worked well together but staffing levels required reviewing to ensure they are sufficient to provide responsive care to people's changing needs and support meaningful engagement.
- People benefited from personal plans that were clearly written and accurately reflected their needs and wishes.
- A new manager had recently taken up post and demonstrated a clear commitment to driving forward improvements.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

3 - Adequate

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

1.3 People's health and wellbeing benefits from their care and support

People were supported by care staff who were familiar with their choices and preferences. One person told us: "Staff are all good and some are exceptional." Staff were observed being very respectful to people receiving support, calling people by their preferred name.

Although interactions between staff and the people they supported were warm and respectful, we noted periods where individuals had limited engagement or stimulation. During these times, several people were observed sleeping in lounge chairs, which may increase the risk of social withdrawal and could have a negative effect on both their physical and emotional wellbeing. Feedback from people supported and their families indicated a clear desire for more stimulation (see area for improvement 1).

Relatives told us they felt welcomed when visiting the home, and communication was generally positive. One relative told us: "They have made my relative so welcome in the home and have communicated really well with our family." They reported being informed about significant changes in their family member's health and wellbeing, although, there were opportunities to make this more consistent to further enhance their involvement.

We observed that people's mealtime experiences varied across the home and we suggested that the management team continues monitoring this area to support a more consistent approach across all units. When people required support to eat or drink, staff provided this with patience and kindness, allowing individuals to go at their own pace. One person commented that "the food is nice and there is always a choice," reflecting positively on their dining experience.

A range of health assessments had been completed and were mainly accurate, helping staff to recognise changes in people's health and wellbeing. The daily meeting, attended by representatives from each department and the management team, supported timely identification of changing needs and when external input might be required. Staff made appropriate referrals to external professionals when specific needs were identified, and feedback from one professional indicated confidence that staff followed their recommendations to support positive outcomes for people living in the service.

There were safe and effective systems in place for the ordering, administration and recording of medications. Regular stock reconciliation processes supported robust oversight of medicine quantities and helped ensure that any discrepancies were promptly identified and addressed. Clear protocols were in place for the management of "as required" (PRN) medications, detailing when these should be administered and how staff evaluated and recorded their effectiveness to ensure they met people's assessed needs.

People's legal status was recorded and used to inform decisions in relation to current and future treatments or interventions to keep people safe and well.

1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure

Housekeeping staff demonstrated good knowledge of the infection prevention and control (IPC) best practice guidance and were competent in applying the correct cleaning products, processes and outbreak procedures.

Staff were observed to mainly use personal protective equipment appropriately, with improved apron use noted during the inspection. Although housekeeping staff worked hard, they reported challenges in meeting demands due to current staffing arrangements. However, cleaning records showed that tasks were being completed and overseen through electronic systems and weekly audits.

Monthly IPC audits continued to identify recurring issues including environmental deficits, hand hygiene, food handling and training gaps showing that further improvement was needed to achieve consistent standards. Although actions had been identified, a clear plan to drive progress was not evident. Management's daily walkarounds addressed some risks, and bedrooms were generally clean with isolated issues resolved quickly. However, ongoing wear and damage to furnishings and occasional unclean equipment despite recorded checks meant IPC practices were not yet applied consistently, resulting in variable outcomes for people (see requirement 1 under How good is our leadership?)

Areas for improvement

1. To promote opportunities for daily meaningful activities for the people who use the service, the provider should review the way in which these are planned and facilitated. Account should be taken of the abilities and preferences of each person. Outcomes should be regularly evaluated to ensure they are meeting each person's needs.

This is to ensure that 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).

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. We found that there were some strengths that just outweighed weaknesses with some key areas of performance needing to improve.

2.2 Quality assurance and improvement is led well

People can expect a service that is well led. There had been recent management changes, including absences and a new manager appointed. The manager was beginning to familiarise themselves with the service and build relationships with people supported, staff, relatives and partner agencies. The external management team was actively supporting the management team during this transition.

Staff shift handover meetings and a separate daily meeting with representatives from each department of the service took place. These helped support effective communication and helped to identify priorities and actions needed to promote positive outcomes for people supported.

The service continued to work effectively with external professionals, ensuring a strong multidisciplinary approach to supporting people. This collaborative way of working helped build a comprehensive understanding of each person's needs and supported staff to plan care in a way that promoted positive outcomes.

The service gathered a range of quality information through audits, showing commitment to monitoring performance. However, this was not always pulled together in a way that supported clear oversight or timely action. The existing service improvement plan provided a useful foundation, but would benefit from clearer actions, identified leads, measurable outcomes and regular review.

While audits, including infection prevention and control (IPC), highlighted areas for improvement, follow through was not always consistent and some issues identified during management walkarounds, such as general cleanliness, were not fully addressed. A more cohesive and responsive improvement plan, informed by quality assurance findings, stakeholder feedback and self evaluation would better support continuous improvement and guide the service's future direction (see requirement 1).

Meetings with people supported, relatives and staff had not taken place consistently since the previous manager left, which limited opportunities for participation and shared decision-making. We were reassured by the new manager's plans to re-establish these meetings to strengthen communication and ensure people's views meaningfully inform ongoing improvements.

Monthly oversight of staff professional registrations was in place, with a tracker for renewals and annual declarations. This helped to provide assurance that professional registration requirements were being consistently met.

Requirements

1. By 18 June 2026, the provider must ensure people are safe and receive quality care and support that meets their needs.

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

- a) Ensure that systems of quality assurance and audits are consistently completed.
- b) Ensure detailed actions are addressed timeously through action plans.
- c) Develop a service improvement plan that is informed through quality assurance activities and feedback from stakeholders.
- d) Include an evaluation of progress made.

This is to comply with Regulation 3 and 4(1)(a) 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: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems" (HSCS 4.19).

How good is our staff team?**3 - Adequate**

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

3.3 Staffing arrangements are right and staff work well together

People experienced warm and compassionate interactions from staff who knew them well. Staff used their knowledge of people's routines, preferences and communication styles to provide personalised reassurance and support.

Families spoke positively about the trusting relationships formed with staff which helped people feel safe and understood. Some relatives spoke of not enough staff presence at times and a lack of stimulation for people. Staff felt teamwork was strong, and staff supported each other effectively to maintain essential care during busy periods.

Staff recruitment practices were assessed as overall safe. New staff received a structured induction that included shadowing and management oversight. Regular checks of staff professional registration were well-managed, giving assurance that staff were appropriately registered and fit to practise.

People should have their needs met by the right number of staff. Although a dependency assessment tool was available, there was limited evidence that outcomes informed staffing hours or rota adjustments. Staffing levels and deployment did not consistently reflect the differing levels of need across the three units. People with higher levels of cognitive impairment and increased personal care needs did not receive additional staffing to reflect their needs. As a result, staff often appeared stretched, limiting their capacity to provide meaningful engagement and support people's choices.

Although essential care was delivered, the staffing model did not always support consistently person-centred experiences. This increased the risk of care becoming task focused during periods of pressure and contributing to reduced staff wellbeing. The service must ensure staffing is allocated appropriately throughout the full day so that people's assessed needs are consistently met (see requirement 1).

Supervision, appraisal and staff meetings had not been delivered consistently. This reduced opportunities for staff to reflect on practice, identify learning needs and contribute to service development. We have repeated a previous area for improvement around supervision. Please see - What the service has done to meet any areas for improvement we made at or since the last inspection.

Some training gaps also remained and required targeted follow-up by the new management team.

Requirements

1. By 18 June 2026, the provider must ensure that effective staffing methods are in place to meet people's assessed care and support needs.

This must include, but not be restricted to:

- a) Strengthening the systems used to assess people's support needs so that staffing levels are accurately calculated and responsive to requirements at all times.
- b) Ensuring staffing levels are flexible and can respond to changes in people's needs.
- c) Ensuring the staff skill mix and knowledge consistently align with people's assessed needs and support outcomes.

This is to comply with Section 7(1) and (2) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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).

How good is our setting?

3 - Adequate

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

4.1 People experience high quality facilities

Some refurbishments had been completed, including new flooring and refreshed lounge and kitchenette areas, which contributed to a more homely environment.

Bedrooms were personalised and supported residents' individuality. However, bedrooms were generally small and lighting was poor in some areas, which may impact comfort.

The layout of the home continued to present challenges previously identified. Large lounges functioned as thoroughfares, limiting privacy and meaningful social interaction. Although smaller seating areas had been introduced, many residents were observed spending prolonged periods sitting alone, with limited access to alternative spaces.

The King's Fund dementia-friendly design assessment had identified several low-scoring areas; however, no action plan had been developed. Our walkaround and recent infection prevention and control (IPC) audits highlighted ongoing environmental issues, with several areas appearing worn and in need of investment to improve people's quality of life.

Progress against the service improvement plan was mixed. While some actions had been completed, including lounge flooring and decoration, several key actions were overdue or lacked evidence of progress. These included IPC audit actions, inconsistent signage and delays to planned toilet upgrades.

Maintenance arrangements were in place but were stretched due to staff covering other services. Safety documentation was generally available; however, daily fire checks were not consistently recorded, particularly at weekends. Actions from the most recent fire service assessment required to be recorded more clearly for better oversight and tracking.

Laundry staff demonstrated a good understanding of procedures and best practice. However, staffing shortages impacted the effectiveness of laundry systems. Laundry was observed on the floor during inspection, presenting risks to dignity, infection prevention and control and cleanliness. Improvements were needed to ensure laundry processes were robust and reliable.

4.2 The setting promotes people's independence

The environment offered some opportunities to support independence; however, these were not consistently maximised. Kitchenettes were available but were not observed to be in use, limiting people's involvement in everyday activities and reducing opportunities for choice and control. Signage remained inconsistent and did not consistently support people to orientate themselves independently within the service.

People were supported to maintain important relationships with family, and there was some involvement in environmental decisions such as contributing to redecoration through mood boards, which promoted inclusion. The service was well located with good access to transport links. However, people required more proactive support to develop meaningful community connections. Feedback indicated that people wished to be more active and go out more often.

Positive links with local groups, including the nursery and high school, provided a good foundation to support social inclusion. Recent management changes and completion of The King's Fund dementia-friendly design assessment offered a clearer framework to progress the environmental improvements needed to better promote independence, choice and control.

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.

5.1 Assessment and personal planning reflects people's outcomes and wishes

The service used an electronic person-centred software system for personal planning, which staff consistently reported they found easy to navigate and effective for capturing key information. Sections such as Who I Am and About Me clearly described what mattered to each person, their history, preferences and support needs. This helped staff understand people well and deliver care that reflected their identities and choices.

Personal plans were regularly evaluated and updated to ensure accuracy. Plans also included any required supporting legal documentation. This ensured that people's rights were protected, and that people supported and/or their representative were involved in making decisions and choices where necessary.

Families we spoke to told us they were invited to participate in reviews and felt able to contribute to decisions, supporting collaboration and continuity of care. The 'resident of the day' processes helped ensure personal plans were kept current, with the potential to involve wider staff such as kitchen and housekeeping teams.

Advance care planning was also in place, recording who had been involved in discussions, and work with the Care Home Liaison Team was supporting the introduction of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) documentation. While some inconsistencies remained in how plans were written in the person's voice, the overall standard of assessment and care planning demonstrated a good level of quality and positive outcomes for people.

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 service should consider how to ensure that people have meaningful interactions and conversations throughout the day, even if they are not participating in formal entertainment or activities.

This includes:

- ensuring that there is individualised information available to staff about activities and topics of interest for each resident in the home
- and that staff have sufficient time to spend with people.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I can maintain and develop my interests, activities and what matters to me in the way that I like" (HSCS 2.22).

This area for improvement was made on 30 June 2025.

Action taken since then

We have rewritten this area for improvement to remove the section on individualised topics of interest information recorded. A new area for improvement around staff engagement can be found under How well do we support people's wellbeing?

Previous area for improvement 2

In order to ensure that people receive support from a staff team who are able to reflect on their practice in order to continually improve, the provider should ensure that there are opportunities for reflection given to staff during training, competency checks and supervision. The provider should also consider whether training is required to ensure that staff leading discussions have the skills to lead and record reflective conversations adequately.

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).

This area for improvement was made on 20 January 2025.

Action taken since then

We were consistently told and could see that staff were not consistently receiving supervision or structured opportunities to reflect on their practice and training. A number of staff had not undergone any recent observations of practice to assess competence or support ongoing development. This limited the service's ability to ensure staff had the necessary skills and confidence to deliver high quality care.

The management team recognised these gaps and acknowledged that current arrangements require significant improvement to meet expected standards.

Please see How good is our staff team?

This area for improvement has not been met.

Previous area for improvement 3

So that people's preferences for future care needs are known and recorded, the service provider should ensure everyone living in the home has a clearly defined plan for their future care and support needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

This area for improvement was made on 20 January 2025.

Action taken since then

Since the last inspection, work had been done in this area and from personal plans sampled, we could see people's future care needs were being more consistently recorded. The service had also worked with families and visiting professionals to complete the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) document, supporting joint decision-making and personalised recommendations for the person's clinical care and treatment should they be unable to express their wishes in a future emergency

This area for improvement has been met.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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
4.2 The setting promotes people's independence	3 - Adequate
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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