

Southpark Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
13 January 2026

Service provided by:
Southpark Retirement Homes Ltd

Service provider number:
SP2023000307

Service no:
CS2024000154

About the service

Southpark care home is part of Southpark Retirement Homes Ltd. It is located in the Duddingston area of Edinburgh close to local shops and bus links. The home was supporting 28 ladies at the time of the inspection.

The home offers ground and first floor living. Some rooms have ensuite facilities. Bathroom and toilet facilities are available over both floors. Shared communal lounge, dining and a conservatory offer spaces for the ladies to meet. The home continues to work on its refurbishment plan.

About the inspection

This was an unannounced inspection which took place on 6, 7 and 8 January 2026. The inspection was carried out by one inspector 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 five people using the service and five relatives
- spoke with twelve staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals

Key messages

- People's health and wellbeing was supported by staff and involved professionals
- People had the opportunity to take part in a variety of activities
- Management had plans to improve the dining experience for people
- Management planned more training for staff to improve recording of information

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 setting?	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 made an evaluation of good for this key question, there were recognised strengths that outweighed areas where improvements were recognised.

We observed a warm, homely environment where we saw people and staff interactions that were considerate and kind. Kitchen, housekeeping and maintenance staff also had positive interactions with people. The home acknowledged they had a period of high staff turnover and continued to recruit to vacant positions. The service used agency and the same staff were requested to provide continuity for people being supported. People we met told us, ' girls very kind' , family members said , 'Staff so kind to mum, caring, cannot fault them, they are compassionate'. As a result people had support from a team that was consistent.

Each person had a personal plan that was held electronically. Plans included their wishes and preferences and relevant risk assessments. People's plans also included how they wished their care needs to be met, for example, some wished to shower in the afternoon. Reviews with people and families took place twice per year. This meant people had a plan in place that was relevant to them.

Daily notes were completed. Our observations found they lacked detail about people's day or activities they may have been involved in. We also observed that additional charts used to support people's wellbeing were not always being fully completed. We spoke with the manager about this during the inspection who agreed this was an area that could be improved, (AFI 1).

Daily handovers took place at each shift change where any changes and updates were provided on the care and support of people. The online system was used to communicate with the staff team throughout the day. Staff we spoke to told us communication was good and there was good peer support. Meetings had taken place with staff teams and the manager had weekly governance meetings.

An activity team provided either 1:1 or group activities. An activity chart set out the weekly plans. Communal spaces were used for group activities whilst quiet areas or people's bedrooms were used for 1:1 support. Daily walks to the local shops were encouraged. People had recently provided feedback to the team about new things they wanted to try and this was being progressed. Community connections included attending the local church soup group and tea dances. Families had access to a tea station where they could access warm drinks, when visiting their relative. As a result people were included and meaningful connections were made that supported their wellbeing.

People had the choice of which area they had their meals. Alternatives were available as well as a choice of juices, tea and coffee. Morning and afternoon warm drinks and snacks were served in the communal lounges and bedrooms. People also had access to fluids in their rooms and communal spaces during the day. People had recently provided feedback and updated their food preferences. We observed the mealtime experience for people, which we felt could be improved. When we approached the manager they had already recognised this and had a set of improvement actions and a plan to take forward. This included a review of the menu with the kitchen team. The addition of new table settings in the dining areas and mealtime audits. In addition snacks that people could access between meals, safely, to enjoy, were to be reintroduced (AFI 2).

Health professionals visited the home regularly to support people's health and wellbeing. Professionals we spoke with told us referrals were appropriate, staff were responsive and they had good communication with

the service. People also accessed podiatry, dental and optician appointments. Staff and visiting health professionals supported people with end of life care. The manager had identified and introduced additional training for staff in this area as well as planning additional training sessions from involved health professionals. These approaches meant people received responsive care from professionals to maintain and support their health and wellbeing.

Medication administration processes and checks were in place to support people. Staff training was in place. During our observations we identified one inconsistent approach to how information was recorded. We spoke to the manager who was immediately responsive and took action to rectify this. The service completed regular internal audits and twice yearly external audits were completed by the pharmacist.

Areas for improvement

1. To monitor people's care and support the provider should ensure staff receive training on how to record relevant information about people's health and wellbeing and their involvement in activities meaningful to them.

This should include but is not limited to, staff training in recording and reporting information in daily notes and any additional assessments people may use.

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

3.14 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.

2. To support people's wellbeing the provider should ensure staff provide a positive meaningful dining experience, taking account of each person's nutritional, hydration, health and wellbeing preferences.

This should include but is not limited to ensuring people can access a variety of suitable snacks between meals to meet their nutritional needs and choices. That staff support and encourage people to come together for a positive dining experience, monitor and record any relevant information about people's nutritional or fluid support.

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

1.37 My meals and snacks meet my cultural and dietary needs, beliefs and preferences.

1.36 If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate.

How good is our setting?

4 - Good

We made an evaluation of good for this key question, there were recognised strengths that outweighed areas where improvements were recognised.

The service was homely, clean and welcoming with no unpleasant odours. People could access the enclosed front garden via the conservatory on good weather days, with plans to add a summer house. A central courtyard was used by people as well. People enjoyed access to a local park and shops.

People had access to communal spaces that included dining and lounge areas as well as quiet seating in the corridors. Each person had a private bedroom space which they were able to make special to them. People chose where they wished to go in the home. The setting was in the process of being adapted, by adding more ensuite facilities to bedrooms with ongoing redecoration of communal spaces and bedrooms as they became vacant.

Cleaning schedules were completed daily, the housekeeping team had information about how people liked their rooms to be looked after. The head housekeeper and the manager had oversight of the schedules.

Maintenance checks were conducted daily, weekly or monthly. External contractors supported regular checks of the specialised equipment. Where staff needed training to support people to use equipment this was in place. These processes meant people had an environment that was safe, maintained and looked after.

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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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