

Deanfield Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
30 January 2026

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

Service no:
CS2017361009

About the service

Deanfield Care Home is registered to provide a care service for up to 25 older people aged 60 years and over, and up to 25 people aged 60 years and over who are living with a dementia. The provider is Advinia Care Homes Limited.

The home is located in the south side of Glasgow, with good access to public transport and local amenities. Accommodation is spread across two floors, accessed by stairs or lift. Kilbride Unit is situated on the ground floor and Montrose Unit on the first floor.

All bedrooms have en suite toilet facilities, with shared bath and shower areas available. Each unit has lounge areas and a dining room. Kilbride Unit also has direct access to the garden.

About the inspection

This was an unannounced inspection carried out on 29 and 30 January 2026 by three inspectors from the Care Inspectorate.

In preparation, we reviewed a range of information about the service, including previous inspection findings, registration details, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service, we:

- spent time with and spoke to 11 people who experience care
- spoke with four relatives and received questionnaire feedback from a further three people
- spoke with nine staff members, including members of the management team
- received questionnaire feedback from two health professionals
- observed practice and daily life within the home
- reviewed relevant documents.

Key messages

- People living in the home experienced kind and caring interactions from staff.
- Staff worked well together; however, staffing levels need review to ensure they are sufficient to deliver holistic, person-centred care.
- Some aspects of record keeping require further development to clearly evidence the care and support provided.
- The service was committed to reviewing meal options, so they better reflect people's needs and preferences.
- A new manager had recently taken up post and demonstrated a clear commitment to driving improvement.
- An environmental improvement plan was in progress to enhance the home's physical environment.

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 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?

3 - Adequate

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

People experienced care that was delivered with compassion and respect. Individuals told us staff were kind and supportive, commenting, "They are good to me" and "They are very attentive." We also observed warm interactions and effective, dignified approaches when staff supported people who were experiencing stress and distress.

However, these positive relationships were limited by a task focused approach to care. Staff were visibly busy and often prioritised completing tasks, which reduced opportunities for meaningful interaction, stimulation, and relationship-building. Staff told us they wanted more time to spend with people. This indicated that staffing levels and deployment were not always sufficient to consistently meet people's needs in a timely and person-centred way. (See requirement 1.)

The activities coordinator was beginning to develop new initiatives, including links with local high schools, however, these had not yet resulted in meaningful engagement. Although some activities occurred during the inspection and some people accessed the community, individuals and families consistently reported limited opportunities, often describing feeling "bored" or having "nothing to do." Our observations supported this, with many people spending long periods seated with little encouragement to move or engage. The coordinator and new management team acknowledged these gaps and were committed to improving meaningful day-to-day experiences. (See requirement 1.)

Most people were well presented. However, we observed examples where aspects of personal care required improvement. Omissions in records meant we could not be assured that people were supported to bathe/shower as often as they wished. This had the potential to adversely affect comfort, dignity, and skin integrity. Staff told us they struggled to meet people's preferred routines due to time pressures, and we noted that showering and bathing frequencies required improvement to ensure personal outcomes were consistently supported. (See requirement 1.)

Staff worked well with external professionals, including GPs, the Care Home Liaison Nurse (CHLN), podiatry, and the Community Psychiatric Nurse (CPN). This helped people access the wider healthcare they needed. Daily handovers were structured, timely, and well recorded, supporting effective communication about changes in people's health and wellbeing.

Despite these strengths, some health-related plans lacked enough detail to reliably guide staff practice, reducing assurance that staff had the information required to provide safe, consistent and person-centred support.

Medication was mostly well managed, however, as required medication protocols did not always give clear guidance to staff to make decisions when medication should be given. This meant that people may not be given their prescribed medication consistently to manage symptoms and improve their health and wellbeing. (See requirement 2.)

Covert medication pathways were in place where required. However, pathways were not being routinely reviewed in line with best practice, reducing assurance that covert administration remained necessary, proportionate, and the least restrictive option.

Wound care was appropriately managed with involvement from the CHLN (Care Home Liaison Nurse). However, we could not be confident that people who needed repositioning or specialist equipment had this appropriately planned or recorded. We found omissions in documentation related to pressure care. Improved record keeping would fully demonstrate skin integrity was being consistently supported and effectively monitored. (See requirement 2.)

Mealtime experiences were well organised and positive, with several important strengths supporting nutritional wellbeing. Staff provided paced, respectful assistance, offering visual choices where appropriate. However, we identified concerns regarding the accuracy and consistency of information for those that required a textured diet. There was also missed opportunity for fortification to take place for those at risk of losing weight. (See area for improvement 1.)

Feedback from people and families was mixed about meal quality and variety. Individuals who required modified diets were not always offered choice. On the day of inspection, vegetable options were limited, which should be reviewed to ensure meals are balanced and aligned with personal preferences and dietary needs. (See area for improvement 1.)

When monitoring of nutritional or fluid intake was required, appropriate charts were in place and generally enabled staff to track consumption. While targets were often met, there were gaps in some records and others contained only minimal detail. This meant these tools were not always effective in informing evaluation or changes to planned care, and required stronger oversight. The manager agreed to review this.

Statutory six-monthly reviews were not consistently up-to-date. This reduced oversight of people's outcomes and limited opportunities to evaluate whether planned care continued to meet their changing needs.

Requirements

1. By 17 April 2026, to ensure that people's holistic care and support needs are assessed, reviewed and met the provider must, at a minimum:

- a) review staffing numbers and deployment to promote a person-centred approach to care
- b) improve access to meaningful activities which are linked to individuals recorded preferences
- c) ensure people's bathing showering and grooming preferences are recorded and met.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17); and

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

2. By 17 April 2026, the provider must ensure people receive consistent support to manage their skin integrity in line with their assessed care needs.

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

- a) ensure topical treatments are applied consistently as specified in their personal plan
- b) ensure people are supported to reposition as specified in their personal plan
- c) ensure care records, including but not limited to skin care records are accurate.

This is in order to comply with Regulation 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:

'My care and support meets my needs and is right for me' (HSCS 1.19).

Areas for improvement

1. To promote the health and wellbeing of people using the service, the provider should ensure the menu reflects people's needs and choices.

To do this the provider should:

- regularly seek and use feedback to inform future menu planning
- ensure people who require fortified or modified diets are offered choice in what they eat.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

How good is our setting?

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 can expect to live in high quality facilities. The environment supported people's comfort and wellbeing. Although some areas appeared tired, a rolling redecoration programme was underway.

We saw recently refurbished bedrooms completed to a high standard. The provider should continue this programme and involve residents in decisions about how their bedrooms and living areas are decorated, supporting personal choice and ownership.

There were several lounge and dining areas where people could choose to spend their time. We heard

visiting families made use of a pleasant café area.

People had access to well-maintained gardens that were appropriately furnished and could be used independently by those able to do so.

Bedrooms were comfortable and personalised, helping people feel at home. One person told us, "I have my room personalised with photos." A range of suitable equipment was available to meet people's assessed needs. Each person had their own room and en suite toilet, which supported privacy and dignity. A call alert system was in place, enabling people to summon assistance when required.

The home was generally clean; however, shortages in housekeeping staff and reliance on agency workers had led to a decline in standards, with a significant number of deep cleans missed. Staff prioritised residents' bedrooms and high-risk areas to maintain a comfortable environment, but gaps in cleaning schedules and weak oversight meant some areas were not consistently maintained. We were assured that a deep clean of bedroom areas would take place. The manager gave assurances that daily monitoring of cleaning schedules will be implemented to ensure effective deployment of staff and appropriate checks. We were reassured by this and noted that recruitment for housekeeping roles was underway, with interviews planned.

Maintenance records showed that equipment checks and servicing were up-to-date, helping to ensure people were safe and not exposed to avoidable harm. Outstanding repairs to the assisted bath were scheduled.

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
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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