

Westerton Care Home Care Home Service

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Bearsden
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Telephone: 01419 425 834

Type of inspection:
Unannounced

Completed on:
22 January 2026

Service provided by:
Westerton Care LLP

Service provider number:
SP2011011715

Service no:
CS2011303316

About the service

Westerton Care Home provides nursing, residential and respite care for older people. It is located in Bearsden, East Dunbartonshire. Nearby transport links include a mainline train station and buses within a 10 minute walk. It is close to local amenities including shops and public library. Visitor parking is located at basement level of the home.

The care home is purpose built. Six units are located across three floors. The units each have communal lounges and dining areas. Residents' bedrooms are all ensuite with toilet and shower facilities.

People living in Westerton Care Home are able to make use of a cinema room, café, hairdressing salon and sensory room.

There are a number of safe outdoor areas at the service for people and visitors to make use of

The service is registered to provide support to 106 people. At the time of our inspection 91 lived there.

The provider is Westerton Care LLP.

About the inspection

This was an unannounced inspection which took place on 20, 21 and 22 January 2026 between 09:30 and 21:30. The inspection was carried out by two 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 seven people using the service and two family members
- reviewed responses from eight people using the service and 24 from families who completed our electronic surveys
- spoke with 12 staff and management
- reviewed responses from five members of staff who completed our electronic survey
- received comments from two health professionals familiar with the service
- observed practice and daily life
- reviewed documents.

Key messages

- People living in Westerton Care Home and their families spoke positively about the care and support provided.
- Meaningful connections were maintained through families visiting.
- Health professionals said the service worked well with them to the benefit of the people there.
- People benefitted from staff who were appropriately trained and well supported.
- The care home was very well maintained, comfortable and welcoming.

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 staff team?	4 - Good
How good is our setting?	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?

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 appeared relaxed and happy in their surroundings. Staff interactions with people were warm and respectful.

Comments from people living at Westerton Care Home included:

"All staff treat me well. Have strong relationships with regular staff. Staff encourage me to participate in activities. Staff are always there for a chat."

"First class."

"Could not fault the staff here in any way."

Families and friends commented:

"The staff at Westerton are exceptional, I honestly do not know how they cope on a daily basis, but they do. They are a phenomenal team."

"Staff are always so pleasant, always greeting you when you see them, can tell they care for every resident and know how to help each of them personally and I know our relative is extremely settled and happy and loves the staff."

People appeared relaxed at mealtimes. Choices were given by staff showing people actual plated meals. Kitchen staff and care staff jointly shared tasks at mealtimes. People's support plans identified those who needed modified diets or whose weight needed to be monitored. Staff at mealtimes were knowledgeable on these areas. Care staff encouraged people to eat and drink. When people needed support with eating and drinking this was provided by staff who knew people and were patient. In between mealtimes, people were able to have drinks and snacks. This helped ensure people benefitted from being properly nourished and hydrated.

Most people told us they were satisfied with the quality and the quantity of food. A small number of people and family members said the food was not always appealing. We found catering staff knowledgeable about diets including making meals attractive to look at and enjoyable to eat. There were systems in place to evaluate mealtime experiences on a regular basis. This, together with residents' and family meeting gave management feedback on what worked well and areas to be developed. Management agreed, following our inspection, to review their processes for feedback to ensure all views are captured and taken into consideration.

The service's activities programme had been affected by absence and vacancies. We were told that these would be resolved soon after our inspection with staff returning and vacancies filled. The service had introduced contingency plans to ensure people were stimulated through activities. This involved care staff taking additional shifts as activity workers. We saw examples of this with care staff encouraging participation in group activities like sing-a-longs and encouraging individuals to do board games and

reading newspapers. Activities also included moving around like gentle exercise and dancing. People were able, if they wanted to, move around, spend time in lounge areas or spend time in their own rooms. Overall, this gave people a sense of independence and choice, as well as stimulating them physically and mentally.

Electronic care records showed people's health conditions were clearly noted and detailed how these should be met. This included maintaining good skin condition by helping people to move or reposition on a regular basis to avoid pressure sores. Information on supporting with medications gave essential guidance on required medications, when it should be taken and dosages. As well as giving details on when and how people were cared for, the care system also provided alerts if support was later than planned.

People's needs were reviewed every six months or more frequently if required. Reviews include individuals cared for and families, when possible. These ensured care and support provided met the changing needs of people.

Qualified nursing staff oversaw people's overall health and provided direction to care staff. A number of staff had received additional training to be able to support people with things like medicines. Nursing staff were on shift at all times, including nights and weekends.

Systems were in place to monitor people's health including in areas like skin condition and falls. Care staff were alert to and reported changes in people's skin, meaning early action could be taken to reduce worsening of conditions. Falls monitoring gave management information on where, when and why people fell. This helped decide what actions might be needed to reduce the risk of falls. For instance, ensuring proper footwear was worn or providing additional staff at specific times for specific people.

This overall approach ensured people were given consistent and appropriate support to help them maintain good health and wellbeing.

People were able to maintain meaningful connections with their loved ones and friends. During our inspection, we saw visitors throughout the day and evening. We saw staff welcoming them and chatting with them about the person supported by the service. When visitors were not able to attend, perhaps because of distance, arrangements were made to use phone or video links via the internet.

Health professionals were involved with people in the care home on a regular basis. They told us the service was "person centred and treat residents with kindness and respect and this included the families." They said, when they were contacted for assistance, this was for appropriate reasons and staff followed their guidance to help people maintain good health. They told us palliative care within the care home was good and had improved because it worked closely with the care home liaison nursing staff.

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.

Staff working at Westerton Care Home enjoyed their work. They mentioned the positive difference they made to people's lives. For example, assisting them to wear what they wanted and encouraging people to eat healthily. They gave examples of when people were upset and helping them to feel less stressed by following guidance in support plans. This might include finding a quiet place, listening to particular music or talking about past experiences. All staff were enthusiastic about caring for people in the care home. This meant that people and families could be assured that staff were committed to improving their lives.

Training records showed high compliance rates for care staff in areas like infection prevention and control, moving and assisting people and supporting with medicines. Staff said the training helped them provide support to people appropriately and safely. For example, they were confident in their role in infection control and clear on the risks to people and themselves of not applying what they had learned in practice. The provider used direct observations of practice to ensure staff were competent and identify any areas to support them further. Staff told us they appreciated these sessions including getting feedback on how well they were doing.

Supervision took place on a regular basis. Staff appreciated having protected time to discuss how they were, any concerns about the people they supported and discuss any support they might want, like additional training or gaining qualifications. According to a small number, these were often arranged with very little or no notice. We asked the management to look at this to ensure staff get full benefit of supervision.

The provider had introduced an induction process for new staff with no background in care work. This was similar to induction for new staff with experience but with important differences. Staff new to care were offered a four week paid induction period to find out about care and decide if they wanted to continue in the job. During that time, they did not take on full responsibilities but did shadow shifts with dedicated experienced staff who were there to guide and support them. Key training was provided during the induction with experienced staff monitoring how well this was implemented in practice. Staff completing this introduction to care said they valued it, found it interesting and had decided to pursue a career in care. This helped people being supported by increasing the number of trained, competent staff committed to supporting them to achieve best possible outcomes.

A small number of staff, people staying in the service and families mentioned staffing levels and were concerned these were insufficient at times. We looked at the method the service used to calculate numbers of nursing and care staff required at different times of the day. We were satisfied that this resulted in appropriate staff cover and mix of required skills. We discussed with the provider times when there might be more pressure on staff, for instance, at certain times of mornings and evenings. The provider has agreed to consider this with a view to deciding what, if any, changes might benefit people living in the care home.

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.

We found the care home welcoming, free from malodours, attractively furnished, very clean and uncluttered. One unit was coming to the end of being repainted at the time of our inspection. This was part of an ongoing programme to maintain standards to provide people with an attractive place to call home. One relative told us, "the home has a comfortable, homely environment."

Domestic staff played an important contribution to ensuring the cleanliness of the setting and, equally important, infection control. They were knowledgeable about their duties, including use of appropriate equipment and supplies. Cleaning records confirmed an organised approach. Residents' rooms were cleaned on a daily basis and deep cleaned monthly. Communal areas were also cleaned on a daily basis and for areas like dining rooms, after each use.

People, supported by their families, personalised their own rooms. This included family photos, mementos from work or travel and pieces of furniture important to them. This helped confirm to them and others that rooms belonged to them. Communal areas, like lounges and dining areas, were attractive and inviting. The home's cinema room was well used by people living there. The café was used by visitors to take their loved ones to. There they could stay as long as they liked and help themselves to tea, coffee and snacks. This provided choices for people on where and what they wanted to do as individuals.

People who were able to do so, could move freely between their own rooms and communal areas. This gave people the freedom to choose where they wanted to be and who they mixed with. One family said:

"It's a great layout, we love that our relative can be in the company of others and taking part in lots of activities but at the same time can enjoy her own company in her room. It's bright and spacious and a really nice setting."

Outdoor areas were available all year round but tended to be mostly used when the weather was dry and fine. Plans were being developed to refurbish and refresh gardens.

The home had signs to direct people to areas like lounges, dining rooms and communal toilets. We suggested signage could be improved to help people identify these areas from a distance. The service agreed this could be developed and will look at best practice for supporting people with sensory difficulties, like failing eyesight and those with cognitive challenges, like living with dementia. This will help improve people's abilities and confidence in moving around in the care home.

Care equipment, like moving and assisting equipment, was available when required. Regular cleaning and inspection helped reduce the risk of infection, as well as identifying anything needing replaced or repaired.

Overall maintenance was very well organised. Maintenance staff carried out daily walk rounds to visually inspect the premises and receive any requests units. Regular checks took place on windows, water temperatures and fire safety equipment. The provider used specialist contractors for things like Legionella checks. They worked closely with the Scottish Fire and Rescue Service who regularly audited the care home. This approach helped keep people safe.

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 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

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