

Phew Care Home Service

Phew (Scotland) 49 Hope Street
MOTHERWELL
ML1 1BS

Telephone: 01698 404 051

Type of inspection:
Unannounced

Completed on:
13 February 2026

Service provided by:
Phew (Scotland)

Service provider number:
SP2003000240

Service no:
CS2003001225

About the service

Phew is a residential service located in the centre of Motherwell. It offers short breaks to adults with disabilities. Phew has up to 14 places available. People using the service are accommodated in single bedrooms with en-suite facilities. There are a range of communal rooms and an enclosed, outside garden area available for people to use. This service registered with the Care Inspectorate on 01 April 2011.

At the time of inspection the service was supporting four people.

About the inspection

This was an unannounced inspection. Inspection visits took place between 10:00 and 15:30 over two days from the 11 and 12 February 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, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke and engaged with four people using the service;
- received responses to three questionnaires from people using the service;
- received feedback from two relatives of people who use the service;
- spoke with a number of staff and the management team;
- reviewed documents;
- observed practice and daily life for residents and staff;
- received responses to questionnaires from three external professionals.

Key messages

- People we spoke to and observed were happy with the care and support they received in the service.
- Relatives we spoke to were very happy with the quality of care in the service.
- The service should continue with planned works to improve the environment.
- The service should ensure it complies with periodic certification requirements of key environmental equipment and facilities.

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 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?

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.

During the inspection, guests were observed to be relaxed, comfortable, and positively engaged with staff. Interactions demonstrated warmth, respect, and a clear understanding of individuals' needs and communication styles. Guests provided positive feedback regarding their experience, with comments including *"I like it here."* People described a range of activities offered, including regular opportunities to access the local community for social and recreational purposes.

Questionnaire returns showed good levels of satisfaction overall. However, some guests would have preferred a lie-in in the mornings. Although this matter was discussed with the management team and was not evidenced during the inspection, it will be noted as an area for the service to focus on so that daily routines fully reflect personal choice and individual preferences.

Feedback from relatives was positive. One relative reported a high degree of confidence in the service, highlighting the staff team's strong knowledge of their relative's needs and the quality of care provided. They confirmed that pre-visit reviews were consistently conducted to identify any changes in support requirements. A questionnaire response from a second relative further reinforced this position, stating: *"Staff team are excellent with my relative."*

Staff reported feeling well supported by an approachable and responsive management team. They described effective teamwork and confirmed that staffing levels were sufficient to meet residents' needs. While the need for one-to-one support was noted to occasionally increase the workload for others, staff did not feel this negatively affected the quality of care. Questionnaire responses were positive and highlighted the service's ability to provide a safe, welcoming environment.

External professionals expressed confidence in the standard of care delivered. However, they identified communication as an area needing some improvement. Concerns related to incomplete information on returned forms and inconsistent involvement in reviews. While this did not impact the quality of direct support, improved accuracy and communication would strengthen partnership working.

Medication administration records reviewed were accurate, complete, and aligned with information provided by relatives. Staff followed appropriate processes, and 'as required' guidance and de-escalation strategies were clearly documented and adhered to. Evidence demonstrated that 'as required' medication was only administered following less restrictive interventions.

Care plans examined were clear, comprehensive, and reflective of current needs. Pre-visit assessments and six-monthly reviews were undertaken, ensuring information remained accurate and up to date. This supported consistent, safe, and person-centred care during each stay.

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.

A walkaround of the service was undertaken to assess the quality, safety, and suitability of the environment. Overall, the environment was found to be presented to a good standard, demonstrating ongoing efforts by the provider to maintain and improve the physical setting for guests. It was evident that recent refurbishment and improvement works had been carried out, contributing to a clean, orderly, and welcoming atmosphere. Some further planned works were identified as outstanding; however, correspondence reviewed during the inspection confirmed that contractors had scheduled continuation of these works from March 2026. This indicates appropriate forward planning and oversight by the management team.

Most required environmental checks and certifications were in place and up to date, demonstrating generally effective systems of monitoring and compliance. Records showed consistent attention to safety measures and adherence to routine regulatory obligations. However, it was noted that the service had not fully complied with LOLER (Lifting Operations and Lifting Equipment Regulations) requirements. While no harm had occurred as a result of this lapse, the service must ensure that systems are strengthened to provide effective oversight of all statutory checks. Hoisting equipment and ancillaries were inspected and certified during the period of this inspection. Failure to meet LOLER requirements poses potential future risk and should be addressed promptly (see area for improvement 1).

Areas for improvement

1. The service should strengthen its governance and oversight processes to ensure full compliance with regulatory equipment and premises certification requirements. The service should implement clearer scheduling, tracking, and escalation procedures to prevent missed inspections and reduce potential future risk.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which states that 'My environment is secure and safe' (HSCS 5.17).

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

To ensure accountability and veracity when completing all necessary documentation in keeping people safe and meeting their needs, all key documentation should be completed in detail. All entries should be legible, signed and dated as necessary. This should apply but not be limited to, care plan documentation, care reviews, practice observations, complaints log and care plan audits. Monitoring these entries should form part of the management audit process.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which states that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 6 February 2025.

Action taken since then

Care plans and associated documentation were legible, accurately dated, and appropriately signed, supporting clear accountability and effective information sharing. This ensured staff could access reliable, up-to-date guidance, contributing to safe, consistent, and person-centred care outcomes for individuals using the service. This area for improvement had been met.

Previous area for improvement 2

To ensure staff input into the improvement of care and support in the service is recognised fully, staff meeting records should include a review of previous meeting minutes. Records should also include an action plan that identifies what is to be done, the owner of the relevant tasks and the timescale for completion. This should then form part of an ongoing review of actions at subsequent meetings to assist in improving people's care and support.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

This area for improvement was made on 6 February 2025.

Action taken since then

Meeting minutes were reviewed, confirming previous actions, assigned owners, and agreed target dates. Evidence from internal meetings demonstrated consistent documentation, timely follow-up, and structured accountability, supporting effective governance and ensuring that actions are monitored, progressed, and closed in line with organisational expectations at all required times. This area for improvement had 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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