

South Lanarkshire Short Break Service Care Home Service

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Blantyre
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Type of inspection:
Unannounced

Completed on:
20 February 2026

Service provided by:
Sense Scotland

Service provider number:
SP2003000181

Service no:
CS2003041861

About the service

South Lanarkshire Short Breaks Service is a small care home in Blantyre, providing short breaks and respite care for adults with learning and physical disabilities. The provider is Sense Scotland.

The service consists of a two storey building with lift access across two floors. It is close to local shops, amenities and public transport links. Accommodation includes single bedrooms with en suite facilities, located across both floors. The building is fully accessible and suitable for people who use wheelchairs or have mobility needs.

People staying at South Lanarkshire Short Breaks Service have access to communal areas, which provide shared living and dining spaces. There is a fully accessible sensory garden for people to use. The service provides 24 hour staff support.

At the time of the inspection, there were four people living at the home.

About the inspection

This was an unannounced inspection which took place between 18 and 20 February 2026, between 07:30 and 16:45 hours. Feedback was provided on 20 February 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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:

- Spent time with four people who lived at South Lanarkshire Short Breaks Service
- Spoke to twelve relatives
- For people unable to express their views, we observed interactions with staff and how they spent their time.
- Spoke with nine staff and management
- Spoke with three professionals
- Observed practice and daily life; and
- Reviewed documents.

Key messages

- People experienced safe, compassionate and highly person centred care that strongly supported their health, emotional wellbeing and enjoyment of short breaks.
- The management team provided strong oversight and a positive learning culture, that supported quality and continuous improvement.
- Staff were skilled, well supported and work effectively together to deliver consistent, person centred care.
- The environment was clean, safe and welcoming, though environmental oversight documentation requires strengthening.
- Personal planning was person centred, and clearly focused on people's outcomes, preferences and wellbeing.
- We have made one new area for improvement.

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 leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	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?

5 - Very Good

We found significant strengths in how the service supported people's wellbeing, which had a very positive impact on people's experiences and outcomes, therefore we evaluated this key question as very good.

People consistently experienced warmth, compassion and emotional security during their short breaks. Staff demonstrated genuine care and kindness, which helped people feel safe, relaxed and valued throughout their stay. Families and relatives provided consistently positive feedback, describing the service as a "home from home" and a vital source of support. Staff consistently reassured families through ongoing contact. Ongoing communication reassured families and strengthened confidence in the care people received.

Communication systems strongly supported wellbeing and continuity. Pre stay discussions, helped staff understand people's needs before arrival. Daily handovers ensured important information was shared consistently. Families provided detailed insight into people's wellbeing, routines and experiences. Families highlighted this as particularly reassuring, especially for people who were non verbal. This strengthened trust between families and staff and supported continuity across short breaks.

Support was underpinned by person centred personal plans, that reflected what mattered to people. Plans described routines, preferences, communication needs and how people expressed comfort or distress. Staff used this information in daily practice to provide consistent, familiar support. This helped people feel understood, settled, reduced anxiety during their short breaks.

Health and wellbeing were actively supported through the robust use of a wide range of monitoring charts. Staff used daily wellbeing, personal care, continence, nutrition and medication records, to monitor people's health needs. Specialist monitoring supported people requiring oxygen, enteral feeding and other complex health care. Staff used these records to identify changes and respond promptly. This ensured people's physical health and comfort were closely observed during each stay.

Monitoring was responsive and informed by professional guidance. Staff followed advice from external professionals, including district nurses, and reflected this clearly within daily records and handovers. Changes in people's wellbeing were identified promptly and communicated effectively between staff. External professionals expressed confidence in staff practice, describing staff as attentive, knowledgeable and responsive. This supported continuity of care and ensured people's health needs were met safely and consistently.

Mealtimes were relaxed, inclusive and person centred. Visual menus supported choice, and dietary and texture information was clearly displayed. Staff supported people at their own pace, promoting dignity and enjoyment. Nutrition champions supported good practice, alongside food safety and temperature monitoring. This promoted good nutrition while also supporting positive social experiences and emotional wellbeing.

People were supported to make meaningful choices about how they spent their time. Records and observations showed people choosing quiet spaces, sensory activities or shared areas, depending on their preferences. People were supported to take part in planned in house and community activities where possible, and to maintain positive relationships with staff and others. This supported people to make meaningful choices and feel in control during their short breaks.

Medication management systems were well embedded, with accurate records, clear PRN protocols and dignified administration. This reduced risk and supported people's ongoing health and safety.

How good is our leadership?

5 - Very Good

We found significant strengths in how the service supported people's wellbeing, which had a very positive impact on people's experiences and outcomes, therefore we evaluated this key question as very good.

Leadership and governance arrangements were very strong across the service. The management team demonstrated clear oversight of quality, risk and service performance through effective governance systems. A wide range of quality assurance activity was used, including audits, incident review and analysis of feedback from people and families. Leaders also planned additional auditing around medication, to further strengthen oversight. These arrangements provided strong assurance that people received safe, high quality care.

The management team had oversight of staff supervision and training. The registered manager maintained a strong overview of supervision schedules, training compliance and competency requirements. These processes were used effectively to reinforce standards, learning and staff wellbeing. Regular management meetings, debriefs and risk discussions supported reflective practice and learning from incidents. This strong learning culture reduced risk and supported continuous improvement for people.

The service received a high number of compliments from families. Feedback consistently highlighted confidence in leadership, staff professionalism and the quality of communication. Families also described leaders as responsive, approachable and open to dialogue. This strengthened trust and confidence in the care people received.

Staff consistently described leadership as supportive, approachable and focused on learning. Staff felt confident raising concerns and contributing to improvement. Accidents and incidents were reported appropriately, with evidence of management oversight and shared learning. This supported a motivated workforce and improved safety for people.

The registered manager had begun structured self evaluation across key service areas, supported by reflective practice through meetings and briefings. The service improvement plan identified strengths and areas for development, with actions linked to quality indicators and reviewed periodically. The management team recognised that keeping the plan live, with clear actions, timescales, leads and impact evidence, would strengthen governance. This approach aligns with Self evaluation for improvement - your guide and How we support improvement on the Care Inspectorate Hub. This would help evidence sustained positive outcomes for people.

How good is our staff team?

5 - Very Good

We found significant strengths in how the service supported people's wellbeing, which had a very positive impact on people's experiences and outcomes, therefore we evaluated this key question as very good.

Staffing arrangements were effective and made a strong, positive contribution to people's experiences and outcomes. Staff were skilled, confident and consistently person centred in their practice.

They demonstrated strong knowledge of people's individual needs, preferences and risks, including complex health, mobility and communication needs, and adapted their practice appropriately, to support people safely, respectfully and with dignity. This meant people experienced safe, dignified and highly individualised care that consistently met their assessed needs.

Staff worked well together as a cohesive and supportive team. Effective teamwork, shared responsibility and positive peer relationships supported consistency and continuity of care across shifts. The use of staff champions and facilitators further strengthened practice through the promotion of good standards, shared learning and ongoing training opportunities. As a result, people benefited from consistent, well coordinated support that reduced anxiety and supported positive short break experiences.

Leadership and management arrangements were a clear strength. Staff described feeling listened to, valued and supported by managers and supervisors, and confident to raise concerns. Supervision, induction and ongoing support arrangements were well embedded and promoted reflective practice, learning and staff wellbeing. New staff were supported through structured induction and buddying arrangements, with protected time to familiarise themselves with people's care plans before providing support. This strengthened safe, consistent and confident practice. This ensured people were supported by confident, well prepared staff, promoting safety, continuity and positive outcomes.

Communication systems were effective and well established. Structured handovers, routine reference to care plans and pre stay communication ensured staff were well prepared and supported continuity of care. These arrangements reduced avoidable stress for people and supported positive transitions into short breaks.

Staffing levels and skill mix were well matched to people's assessed needs. Managers demonstrated flexibility and responsiveness, adjusting staffing to support people requiring one to one care and promoting continuity through familiar staff. We made further suggestions to strengthen this approach by incorporating staff feedback, which the management team took on board. This would further strengthen assurance that staffing arrangements remain responsive to people's changing needs.

A positive staff wellbeing culture was evident across the service. Wellbeing was supported through inclusive, relationship based approaches. Coffee mornings involving people, relatives, staff and volunteers strengthened relationships and staff connection to their role. Staff accessed wellbeing resources and internal and external support links, promoted by managers. Staff and volunteer awards recognised and celebrated commitment and good practice, supporting morale, resilience and workforce stability. This supported a motivated workforce, helping staff deliver compassionate, responsive care that enhanced people's wellbeing and enjoyment.

How good is our setting?

4 - Good

We evaluated this key question as good, as several strengths had a positive impact on people's experiences and outcomes and clearly outweighed areas for improvement.

The environment was clean, calm and welcoming. People, relatives and professionals consistently described the setting as homely, reassuring and well maintained. Bedrooms were personalised, and communal areas were light and spacious, offering people choice about where they spent time. Relatives consistently provided positive feedback about the physical environment, describing it as clean and safe, which reinforced confidence in the service and contributed positively to people's short break experiences.

Infection prevention and cleanliness arrangements were well established. Cleaning schedules, mattress checks and infection prevention observations were consistently completed, with no significant concerns identified. This supported people to live in an environment that promoted dignity, comfort and safety.

A range of indoor and outdoor spaces, including communal areas, private bedrooms, a sensory room and accessible gardens, supported people's wellbeing.

Staff used these spaces effectively to support relaxation, regulation and enjoyment. As a result, people were supported to feel settled and experience positive, meaningful short breaks.

Statutory safety checks and equipment maintenance were up to date and well managed. Management oversight and completed actions reduced environmental risk, and supported people to be cared for safely and with dignity. This ensures people experience a safe environment where their dignity and wellbeing are protected.

Management completed regular walkarounds, though recording was not always consistent and there was no formal environmental improvement plan. We made suggestions to the manager to strengthen oversight through improved documentation and planned improvement, which were accepted. This would further support assurance of ongoing environmental oversight. (see area for improvement 1)

Areas for improvement

1. The service should further strengthen environmental oversight through more consistent recording of walkarounds and planned environmental improvement. This will help ensure the environment is safe, well maintained and supports people's wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises". (HSCS 5.22) and "My environment is safe and secure". (HSCS 5.17)

How well is our care and support planned?

5 - Very Good

We found significant strengths in how the service supported people's wellbeing, which had a very positive impact on people's experiences and outcomes, therefore we evaluated this key question as very good.

Personal plans were person centred and reflected what mattered to people during their short breaks. These included information about routines, preferences, communication and wellbeing needs. Staff used this information to provide familiar, consistent and reassuring support. As a result, people experienced care that reflected their wishes and supported wellbeing.

Plans included guidance outlined how best to support individuals. This included signs of distress or anxiety, and other health needs. Clear triggers, responses and helpful approaches supported predictable care. This helped people feel safe, understood and emotionally settled.

Families and representatives were meaningfully involved in shaping support through pre stay contact and ongoing communication. Feedback gathered after short breaks informed planning and daily care. This strengthened personalised support and improved outcomes for people.

The management team had oversight of people's capacity status and appropriate legal documentation was in place where needed. This ensures people's rights are respected and that staff are equipped to provide suitable support.

Risk assessments were clearly linked to personal planning and supported a balanced, enabling approach.

Systems were in place to support oversight and review of risk information. This promoted positive risk taking where appropriate while maintaining safety. As a result, people were supported to exercise choice and independence with appropriate safeguards.

Assessment and review processes were well embedded and proportionate to the short breaks. Pre stay contact was completed before each visit to confirm routines, preferences and any changes. This ensured plans were refreshed regularly rather than relying on fixed review dates. As a result, people received support that reflected their current needs and reduced avoidable stress.

Handover processes strengthened how personal plans were used in daily practice. Key plan information was routinely shared during shift changes to support staff familiarity, including newer staff. This improved consistency across the staff team. This ensures support reflected people's current needs and reduced avoidable stress on arrival.

There was evidence of effective partnership working with professionals. Staff used professional advice to inform assessment, planning and daily support and communicated effectively when concerns arose. Professionals expressed confidence in staff practice. This meant people's needs were met safely, consistently and with continuity.

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 leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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