Cathkin House
Care Home Service

147 Glasgow Road
Nerston
East Kilbride
Glasgow
G74 4PA

Telephone: 01355 234070

Type of inspection:
Unannounced

Completed on:
30 January 2026

Service provided by:
Care UK Care Services Limited

Service provider number:
SP2024000775

Service no:
CS2025000554

About the service

Cathkin House is a purpose-built home registered to provide a care service to a maximum of 44 older people over the age of 65 years. The provider is Care UK Care Services Limited.

The home is situated in Nerston, East Kilbride. It has easy access to local amenities and transport links.

The care home has 44 single rooms with en-suite shower facilities over two floors. There is a passenger lift providing access to the upper floor. People have access to a communal lounge, dining area and shared bathroom on each floor. There is also a hairdressers, café and quiet lounge where people can choose to spend their time.

There are enclosed gardens surrounding the home which offer pleasant places to sit. Car parking is available at the front of the building.

This is the first inspection of the service since registration on 24 December 2025.

At the time of this inspection there were 40 people living at the home.

About the inspection

This was an unannounced inspection which took place on 28, 29 and 30 January 2026 between 07:30 and 19:00. The inspection was carried out by two inspectors, and two inspection volunteers 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 24 people using the service, and seven of their friends and family
- spoke with 21 staff and management
- received feedback from three visiting professionals
- observed practice and daily life and
- reviewed documents.

Our inspection volunteers are members of the public who have relevant lived experience of care either themselves, or as a family carer. They speak to, and spend time with people and families during inspections, to ensure their views and experiences are reflected accurately in the inspection.

Key messages

- People told us they felt happy and comfortable, and relatives described staff as kind, attentive and supportive.
- People benefited from a range of group and individual activities, and staffing allocations allowed for meaningful engagement.
- The home environment was of a good standard, clean, fresh and well-maintained, and offered people choice in where to spend their time.
- Personal plans contained helpful information about what mattered to people, but should be updated to fully reflect current needs, strategies and support with stress and distressed behaviour support.
- Cultural issues were identified in the home which had the potential to affect teamwork, staff confidence and the ability to raise concerns safely, placing people at risk of poor outcomes.
- The provider must review the Care Inspectorate notification guidance, to ensure all incidents are reported to all governing bodies timeously and consistently.
- While the management team were responsive during the inspection, further sustained action was needed to strengthen oversight, ensure robust governance and improve workplace culture.
- As a result of this inspection we made two requirements, and seven areas 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?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	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 just outweighed weaknesses.

People told us they felt happy, comfortable and content living at Cathkin House. One person said, "Staff are fantastic, no complaints." Relatives shared similar views, expressing, "They are a fabulous team and I'm very happy with my wife's care and support." This contributed positively to people's overall wellbeing.

Feedback from visiting professionals echoed this, describing staff as transparent, attentive and proactive when people's needs changed. We saw evidence of timely referrals to health professionals including podiatry, physiotherapy, dietician and GP services. Records demonstrated good communication, supporting effective multi-disciplinary working.

Mealtime experiences were mostly calm, organised and respectful. Dining rooms were nicely presented, and staff provided appropriate encouragement and alternatives based on people's preferences. Breakfast clubs offered enhanced support and opportunities for social connection. Kitchen staff were kept up to date on people's dietary needs through established communication processes. However, visual meal choices were not routinely offered, which caused confusion for some people living with a cognitive impairment. This is particularly important for people who are unable to communicate their preferences. People should be supported to make informed choices in a way that meets their needs. We signposted the management team to the Care Inspectorate good practice guidance, "Eating and drinking well in care: good practice guidance for older people." (See area for improvement 1).

People had access to group and one-to-one activities, and staff were observed supporting meaningful engagement through exercise groups, floor games, hair care and hand massage. The activities coordinator adapted plans based on people's wishes. However, opportunities for meaningful connection varied during the inspection, and busy periods sometimes led to missed opportunities for engagement and stimulation. We directed the management team to good practice resources, to evaluate and promote meaningful connections available at the Care Inspectorate Hub, such as "Meaningful Connection self-evaluation tool," (Care Inspectorate).

Medication systems were safe and aligned with best practice. Robust monitoring and communication processes supported early identification when needs changed. Staff responded promptly to health concerns, arranging GP reviews, blood tests and specialist input.

Systems were in place to record care and support provided. We identified inconsistencies in the recording of oral care, which the management team had also recently recognised through audits. Although action had begun, improvements were not yet evident. Continence care records lacked clarity about the level of support provided. This issue had previously been identified following an incident, but documentation remained unclear and should be reviewed. Daily recordings should be clear, accurate and a true reflection of care delivered. Improvements identified through audits and incidents should be sustained to reduce risk, and ensure people's needs are met. (See area for improvement 2).

The provider had recently identified gaps in staff understanding and responses to people living with dementia, following staff feedback and recent incidents. This indicated weaknesses in staff culture, and had the potential to negatively affect people's experiences.

The management team had introduced targeted dementia training, reflective learning and increased observations. We recognise a change of culture takes time, and that the provider had taken steps to address staff performance. This is reported in more detail, under Key Question 2 - How good is our leadership?

Areas for improvement

1. To support the health and wellbeing of all people living in the service, the provider should review the dining experience of the residents, and ensure identified improvements are recorded and actioned. This should include ensuring people are offered a choice in a way that suits their individual needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSCS 1.33), and "My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions." (HSCS 2.11).

2. To ensure people experience safe, effective and person-centred care, the provider should improve the quality and consistency of daily care recordings, including oral care and continence care. This should include ensuring that documentation clearly reflects the level of support provided, is accurate and is completed consistently.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My care and support meets my needs and is right for me." (HSCS 1.19).

How good is our leadership? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

A service improvement plan was in place, and regularly updated to reflect planned developments. This supported a structured approach to improvement, however, it did not clearly demonstrate how these developments were impacting people's experiences or outcomes. We signposted the management team to the self-evaluation tools available on the Care Inspectorate Hub to strengthen their oversight, and support a culture of continuous improvement.

Regular audits were carried out across key areas, involving staff with champion roles in infection prevention and control (IPC) and medication. Senior management contributed further scrutiny through audits and assurance visits. Despite this, some audit findings did not align with what we identified during the inspection. A recent external audit had failed to capture the concerns highlighted in this report, and we could not see evidence of key areas being fully reviewed and evaluated. This disconnect indicated that internal quality assurance processes were not reliably identifying risk or areas for development, and should be reviewed for effectiveness. (See area for improvement 1).

Processes were in place to support managerial oversight, including checks on staff registration, training records and adult protection notifications.

Incident reporting, recording and oversight required improvement. The electronic system allowed managers to view incidents at a glance, and there was evidence of monthly falls analysis to support learning from incidents. However, we had not always been notified appropriately. For example, a resident leaving the care home unplanned and a choking incident. All registered care services in line with our guidance are required to submit notifications to the Care Inspectorate that includes significant events. This ensures we can respond if needed, and if the provider has not already done so, alert other governing bodies if incidences involve potential or actual harm to a resident. The submission of such notifications can provide us with assurance that incidents are being managed and reported correctly. The absence of required notifications gave us concerns over management oversight, and awareness of what was happening within the service. (See requirement 1).

Relatives and residents we spoke to knew the management team, and felt confident with raising any concerns. However, we identified areas for improvement in the recording and oversight of complaints and concerns. A complaint relating to a recent significant event had not been clearly documented, and informal concerns were not being captured in a way that would support oversight or learning. Although the management team had undertaken a robust investigation following the incident, we could not see evidence of a clearly recorded response, action plan or outcome in line with the service policy. This limited the service's ability to identify themes, track improvements and ensure accountability. Effective complaints management and oversight is essential to safeguarding people's rights and improving outcomes. (See area for improvement 2).

We received mixed feedback on the management and leadership within the service. While some staff told us they felt supported, others said they did not feel listened to or supported. Staff feedback indicated a culture where people did not always feel safe to raise concerns. Staff were unsettled, and some staff we spoke with shared examples of reduced morale. Further concerns relating to staff unrest, and a lack of knowledge and poor responses to residents living with dementia were identified. This highlighted gaps in staff understanding, confidence and professionalism. Although the management team had begun taking action, including providing training and holding meetings and supervision sessions on whistleblowing, raising concerns and adult protection, these actions had not yet led to meaningful cultural change. We could not be assured that the culture supported safe, compassionate care to keep people safe. The provider must make improvements to ensure staff feel safe, supported and confident to raise concerns, including through whistleblowing, when they believe working practices are discriminatory, inappropriate or unsafe for any reason. (See requirement 2).

While the management team demonstrated willingness to respond during inspection, the weaknesses in culture meant that the overall approach to leadership and improvement was insufficient. Sustained, focused work was required to ensure a safe, transparent and learning orientated environment for people and staff.

Requirements

1. By 27 April 2026, the provider must ensure people experiencing care, have confidence the service received by them is well-led and managed. You must support better outcomes through a culture of continuous improvement and transparent communication with governing bodies. This must include, but is not limited to:

a) ensure all staff recognise and report incidences of harm, or potential harm

b) there are accurate records kept of all relevant incidents

c) liaise with all governing bodies and

d) submit notifications to the Care Inspectorate as required by our notification guidance entitled: - "Records that all registered care services (except childminding) must keep and guidance on notification reporting."

This is in order to comply with regulations 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 the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes." (HSCS 4.19), and "I use a service and organisation that are well-led and managed."

2. By 25 May 2026, the provider must ensure that people experience safe, compassionate and person-centred care, by establishing effective leadership and a positive staff culture, that supports the wellbeing and safety of people living in the service.

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

a) ensure staff feel safe, supported and able to raise concerns, including through whistleblowing when they feel working practices are discriminatory, inappropriate or unsafe for any reason

b) ensure that all concerns raised by staff are listened to, responded to and acted on appropriately to improve practice and

c) implement effective leadership approaches that promote professionalism, accountability, and a culture of respect, openness and learning.

This is to comply with Regulation 4 (1) (a) (Welfare of users) and Regulation 15 (b) (i) (Staff training) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: "I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support needs at the heart of what is happening." (HSCS 3.1), and "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." (HSCS 3.14).

Areas for improvement

1. To ensure that quality assurance processes reliably identify risks and drive improvement, the provider should strengthen internal audit and assurance systems, so they accurately reflect practice and effectively evaluate key areas of service delivery. This should include ensuring that internal and external audits are robust, consistent and capable of detecting concerns that may impact people's health, wellbeing and safety.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19), and "I use a service and organisation that are well-led and managed." (HSCS 4.23).

2. To protect people's welfare and support learning when things go wrong, the provider should ensure that all complaints and concerns are recorded, responded to and managed in line with the service's own policy.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, "I know how, and can be helped to make a complaint, or raise a concern about my care and support." (HSCS 4.20), and "If I have a concern or complaint, this will be discussed with me, and acted on without negative consequences for me." (HSCS 4.21).

How good is our staff team? 3 - Adequate

We evaluated this quality indicator as adequate, where strengths just outweighed weaknesses.

People spoke positively about staff. One person told us, "Brilliant staff, friendly and attentive," and another said, "The staff are always here for me when I need them." This helped people feel reassured, valued and confident in the care they received.

Staff observations of practice had been taking place, to support improvements in the quality of care provided. Out of hours spot checks were ongoing, and peer observations demonstrated reflective learning and a focus on meaningful engagement. We highlighted some areas for development, where observations of practice were not consistently captured and recorded. There was a lack of robust oversight for managers. The management team were responsive to feedback during the inspection. Regular and consistently captured observations would strengthen practice, support accountability and help ensure people are supported by skilled staff. (See area for improvement 1).

Training needs had been analysed, and new learning opportunities had been planned to meet identified development needs. Training records showed high compliance with e-learning modules, including recent adult protection and dementia training for all staff. Face-to-face training had been arranged for key areas of staff development. Further time will ensure that staff have the necessary competencies and values to support improved outcomes for people.

Regular team meetings were taking place with all staff, supporting communication and shared learning. Annual appraisals were detailed and supportive, and included discussion on professional development. Staff had access to regular supervision to support personal and professional development, and action plans were updated throughout the year. These processes helped staff feel listened to and supported.

Staffing levels were reviewed regularly using a structured dependency tool. Staff generally felt that staffing levels were acceptable, however, some described feeling under pressure during busy periods and struggled to respond to multiple call bells. Buzzer response times were monitored through daily walk arounds. People shared mixed views about waiting times, with one person telling us, "Sometimes there's a wait, but staff will get to me as soon as they can." Ongoing monitoring will help ensure staffing arrangements remain appropriate.

Daily allocations were clearly communicated, and staff were allocated time for meaningful activity and one-to-one support. This enabled staff to build connections and engage in interactions with people.

Feedback from staff indicated mixed experiences of team support. Some felt well-supported by colleagues, while others described inconsistent support, and a lack of approachability from some team members. This had an impact on morale and staff working well together. Although supervisions had taken place, discussions about staff wellbeing were not consistently included. Strengthening the monitoring and support of staff wellbeing will help promote a more cohesive workforce and support staff to work well together, to meet the needs of people living in the home.

Areas for improvement

1. To ensure people experience safe, consistent and compassionate care, the provider should improve how staff observations of practice are recorded, monitored and used to support ongoing learning and development.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "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." (HSCS 3.14), and "I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27).

How good is our setting? 4 - Good

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

The home had a warm, relaxed and homely atmosphere. The environment was clean, fresh and well-maintained. Residents and visitors consistently told us that the home and bedrooms were kept clean and smelled fresh, which contributed positively to people's sense of comfort and wellbeing.

Bedrooms were personalised with people's belongings, and people told us they were able to have their rooms arranged as they preferred. We could see this being encouraged, which helped maintain individuality and supported people to feel at home.

Domestic staff demonstrated confidence and strong knowledge of best practice, product use and infection, prevention and control protocols. Staffing levels within the housekeeping team were appropriate, supporting consistently high standards throughout the home.

People had access to a variety of welcoming spaces to spend their time, including an upgraded café area and a quieter lounge upstairs. Efforts had been made to enhance corridors with sensory elements to support orientation and wellbeing. Memory boxes at bedroom doors further enabled people to identify their rooms independently. Some aspects of décor and design could be further improved to enhance dementia friendly environments. The service had already begun using the 'King's Fund' tool to support this work, as part of their ongoing improvement plan.

The garden area showed signs of ongoing improvement, and progress was reflected within the service improvement plan. The outdoor space provided a pleasant area for fresh air and supported people's wellbeing. Environmental improvements had been taking place, and we were satisfied that the service had made the necessary improvements to meet the agreed action plan as part of their conditions of registration.

We observed several people walking with purpose, and at times, some residents entered other's rooms. Staff had taken reasonable steps to minimise this, while maintaining people's freedom of movement and independence. The manager's daily walk arounds demonstrated active oversight, and we saw prompt action being taken when issues were identified, such as addressing odours or removing equipment stored inappropriately.

During the inspection we observed some inappropriate storage of equipment and continence products in a communal bathroom. The management team were transparent about this, identified improvement and ongoing challenges faced. While the service was exploring alternative storage solutions, the interim arrangements did not fully support a high-quality environment or uphold people's dignity. Planned improvements to storage were already underway and included within the improvement plan. Completing this work will ensure people experience a dignified and comfortable living environment. (See area for improvement 1).

Areas for improvement

1. To support a high-quality environment and uphold people's dignity, the provider should ensure that appropriate and discreet storage solutions are in place for equipment and continence products. This should include improving current arrangements, so that communal spaces are kept free from inappropriate storage and maintain a homely, dignified environment.

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

How well is our care and support planned? 4 - Good

We evaluated this quality indicator as good, where there were a number of important strengths which, taken together, clearly outweigh areas for improvement.

Personal plans were in place for everyone living in the home, and contained some helpful person-centred information. They described what mattered to people, their interests and preferred routines. Plans we reviewed provided clear detail on people's health conditions and medical needs, and we saw evidence of monthly reviews by staff. This supports the delivery of person-centred care.

Some personal plans, however, would benefit from further development. In particular, we found that care plans for people experiencing stress and distress varied in quality. While some people had detailed care plans in place, others who displayed behaviour that impacted themselves or others, did not have a specific care plan outlining how staff should support them. Strengthening the person-centred detail in these plans would provide clearer, more consistent guidance to staff on how best to support people to feel safe, in control and reassured. (See area for improvement 1).

Risk assessments were in place, up-to-date and reflected identified risks such as falls, skin breakdown and nutritional concerns. They recorded the actions required to reduce risk and keep people safe, and we saw evidence that they were updated regularly. Audits were taking place to support the accuracy and reliability of this information.

Six-monthly reviews were taking place, and outstanding reviews had been scheduled involving families and people's representatives. The views shared during reviews were recorded, providing people with an opportunity to influence their care and support. However, it was not clearly demonstrated how people's views and opinions were used to update and shape the personal plan. The service should ensure people's views and feedback are consistently incorporated into their personal plan, following a review. This will strengthen the person-centred approach, and ensure plans remain meaningful and reflective of people's wishes.

Areas for improvement

1. To ensure people experience care and support that is right for them, personal plans for people who experience increased stress and anxiety should be improved. Information should clearly direct staff on strategies to recognise, support and reduce levels of distress experienced.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My personal plan (sometimes referred to as a care plan) is right for me, because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15).

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 leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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