

# Buchanan Lodge Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 March 2026

**Service provided by:**  
Talbot Association Limited

**Service provider number:**  
SP2003000185

**Service no:**  
CS2003000938

## About the service

Buchanan Lodge is registered as a care home for a maximum of 40 men with homelessness and alcohol addiction problems. The service is provided by the Talbot Association Limited.

The care home is in its own grounds close to local shops, services and public transport. In addition to the grounds surrounding the home, a garden area with seating is located at the rear of the property. Parking is available at the front of the home.

Accommodation is provided over two floors with the upper floor accessed by lift or stairs. All bedrooms are for single occupancy and have en-suite shower facilities. Each floor also has a communal bathroom.

A dining room, sitting area and large recreation room are available on the ground floor, with a second sitting room located on the upper floor. Small pantry areas are provided on each floor that can be used by residents to make drinks or snacks. The staff office, kitchen and laundry room are situated on the ground floor of the home. There are also staff offices and staff facilities on the second floor.

The service was at full capacity at the time of this inspection.

## About the inspection

This was an unannounced inspection which took place on 3 and 4 March 2026 between 09.30 and 17.30 hours. 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 16 people using the service
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals

## Key messages

- People experienced support from staff who were committed to helping them achieve positive outcomes including make safer choices and maintaining greater stability in their daily lives.
- The service worked well with health partners, ensuring that any emerging health needs were identified and responded to promptly.
- People had access to meals and snacks throughout the day, ensuring that they received consistent nutritional support and helping to promote their health and wellbeing.
- People experienced an environment that was clean, well maintained, and welcoming, ensuring their comfort and contributing to a sense of safety and wellbeing.

## 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?	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 aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff worked confidently using a harm-reduction approach. They encouraged people to make safer choices. This helped people feel more in control and had a positive effect on their wellbeing and how they engaged with the service.

Staff told us about positive outcomes people had experienced, including reduced alcohol use and more stability in their day-to-day lives. This demonstrated that the support people received was helping them make progress in their recovery, and people we spoke with talked about the positive benefits they were experiencing as a result of their support.

Staff interacted with people in a natural and caring way, helping them feel listened to, respected, and valued. This contributed to a warm and supportive atmosphere in the service.

In-house activities were available to promote social contact, and people appeared relaxed and comfortable choosing how they spent their time. Some people preferred to spend time on their own in their rooms, where they had access to their own entertainment. Having a range of options for stimulation was important to people's recovery. People were also supported to influence activities within the service.

The benefit of spending time socially with people was well understood by staff, as this created natural opportunities for conversation, helped build trusting relationships, and enabled staff to develop a clearer understanding of individuals' needs. Both staff and people expressed disappointment at the recent loss of the minibus, previously used to support social outings and community engagement. Senior management were considering other options in relation to this.

People benefited from consistent and proactive input from visiting health professionals. The Advanced Nurse Practitioner attended weekly, and visiting professionals we spoke with commented positively on staff responsiveness and effective communication. Residents were registered with a GP, with most linked to a local practice, which supported continuity and timely access to primary care. The quality of partnership working helped ensure that people's health needs were recognised and responded to without delay.

Medication systems were well organised and delivered safely, with robust systems in place for managing controlled drugs. Staff demonstrated a clear commitment to safe practice. Medication was securely stored in bedrooms. This promoted privacy and dignity, and created opportunities for developing independence. Although a structured pathway for assessing capacity and supporting progression to self-management was not yet in place, the management team were receptive to developing this area further to enhance independence for those who were able.

Meals were provided from a four-week rolling menu and appeared appetising and well-presented. Hot breakfasts and evening snacks gave people regular access to food throughout the day. People's views about meals were sought through residents' meetings, and the management team was responsive to feedback, which supported inclusion.

Regular health monitoring was taking place to identify any deterioration; however, the tool used to screen for malnutrition was not always applied consistently. We discussed the need to ensure that nutrition plans and food-fortification strategies were implemented where weight loss was a concern. The manager acknowledged that this highlighted areas where staff knowledge may need to be strengthened.

Personal plans contained sufficient detail to guide day-to-day support and were reviewed monthly, helping identify changes in need and progress over time.

Handovers, daily notes, and good communication within the team played a vital role in organising the day and managing appointments effectively.

## 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.

The home was observed to be clean, well-maintained, and welcoming, with good natural light and a comfortable ambient temperature throughout. This contributed to a pleasant atmosphere and supported people to feel relaxed within their environment.

There were some obtrusive smells linked to individuals continuing to smoke in their bedrooms. This practice required attention to ensure compliance with current smoking legislation and to maintain a safe and comfortable living environment for both residents and staff. People were being discouraged from smoking in communal areas. These spaces were generally free from smoke-related odours and felt clean and comfortable during the visit.

Cleaning schedules were in place and were being followed by housekeeping staff, contributing to the overall standard of cleanliness throughout the home. These routines supported infection prevention and control and helped ensure a consistently well-presented environment. Consideration may be needed as to whether current housekeeping arrangements fully met the needs of the service, particularly given the absence of afternoon and evening housekeeping cover.

The service discouraged the consumption of alcohol within communal spaces, which helped maintain a calmer and more settled shared environment. This positive approach supported people's comfort and helped promote respectful use of shared areas.

The management team agreed that introducing additional resources to support people to develop and retain living skills in preparation for future resettlement could further enhance outcomes for individuals.

People had access to a range of communal spaces, offering choice around how and where they wished to spend their time. These areas provided opportunities for social interaction as well as quieter spaces for those who preferred privacy. The availability of multiple communal rooms supported people to maintain control over their daily routines and contributed to a more homely and flexible environment.

While many people chose to personalise their bedrooms, which helped them express their identity and interests, this was not everyone's preference.

En-suite toilet and shower facilities in bedrooms promoted privacy, dignity, and independence. The landlord was in the process of upgrading these facilities, which further enhanced the quality of accommodation and the overall living experience for people.

The grounds surrounding the home offered outdoor space that people were able to use for gentle exercise, fresh air and time away from the indoor environment, contributing positively to people's wellbeing.

## 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 staffing levels are sufficient to meet the needs of people living in the service, the provider should develop a robust method to evidence there are enough staff on duty at all times to meet the needs of people living in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15); and 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 19 February 2025.**

#### Action taken since then

We were unable to assess at this point how information gathered from the newly introduced dependency-needs tool would be used to inform staffing decisions or support workforce planning. Capturing information about activities that could not be completed due to existing staffing levels would strengthen the tool's ability to identify service gaps and inform resource planning.

Whilst there had been a recent increase in overnight staffing in response to perceived needs, this had been delayed despite this vulnerability having previously been identified. As a result, the additional cover had not been put in place as promptly as required.

An increase in the level of care required within the service had also resulted in additional staffing resource, which was subject to ongoing review by social work. While it was evident that the service was able to recognise changes in people's needs and the impact on staffing requirements, there was not yet a robust staffing methodology in place to evidence that staffing levels were appropriate or aligned to assessed need.

**This area for improvement has not been met and will continue.**

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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