

The Village Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
23 April 2026

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300789

About the service

The Village Nursing Home is situated in a residential area of Cumbernauld, North Lanarkshire.

The provider is HC-One Limited and is registered to provide care and support for 48 older people. There were 44 people living there at the time of the inspection.

The home provides long-term nursing care as well as short-term respite breaks, to people with physical and cognitive impairment.

The home is purpose-built over three levels, with lounges and dining facilities on each of these.

All bedrooms have ensuite toilet and wash basin facilities and people are encouraged to bring in their own furnishings to personalise their rooms.

There is a secure garden area along with two decked seated areas for people to use.

About the inspection

This was an unannounced inspection which took place on 21 - 23 April 2026 between 07:00 and 19:00. 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:

- Spent time with 19 people using the service and spoke with nine of their families that were visiting. We also obtained feedback via a survey from eight people living there.
- Spoke with 24 staff and management. We also obtained feedback via a survey from 11 staff.
- Observed practice and daily life.
- Reviewed documents.
- Obtained feedback from six visiting professionals.

Key messages

- Overall, people living in the care home and their families were happy with the care and support.
- People were generally supported in line with their personal care preferences, however, some families and staff shared that, on occasions, attention to detail could be improved.
- Whilst a range of activities took place within the service, opportunities to get out and about needed improved.
- A new management team were in place since the previous inspection and time was needed for them to embed quality assurance to make it meaningful.
- People living in the care home and their families spoke very positively about staff.
- The 'Alternative Staffing Model' which had been introduced by the provider at the beginning of April should be shared and reviewed by all relevant stakeholders.
- People could be assured that a personal plan was in place, informed by relevant risk assessments.

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 leadership?	3 - Adequate
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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Overall, people living in the care home and their families were happy with the care and support. People explained, "I'm happy being here", "The staff are attentive and friendly, working hard to keep us amused and happy, but most of all showing everyone is cared for" and "Communication could be better as not everything gets passed on to new staff", "As a relative, I am always made to feel welcome" and "My relative has settled in well and is looking so much better".

People were generally supported in line with their personal care preferences. However, some families and staff shared that, on occasions, attention to detail could be improved, such as ensuring people had their glasses or hearing aids in place, maintaining personal presentation, and supporting nail care. It was noted that these occurrences were more likely when people were supported by staff who were less familiar with them. One person told us they would like to have showers more frequently, and a review of records for this person and others identified some gaps. Overall, this appears to be primarily a recording and monitoring issue rather than a lack of care delivery, and strengthening oversight of care records would help ensure people's preferences are consistently met and evidenced.

The service promoted a person - centred approach to managing and reducing the risk of falls and fractures. This included the use of a falls safety cross to monitor incidents and identify any emerging patterns, which supported ongoing oversight and learning. A range of equipment was available to meet individual needs and was aligned with people's assessed risks and preferences. During our early morning visit, we observed that equipment was in place and working as intended, providing reassurance that measures to support people's safety were consistently implemented.

We suggested that the service consider implementing a pressure ulcer safety cross to further support oversight. The service used a wound tracker to monitor wounds and dressing changes, with appropriate equipment in place to support skin integrity. Referrals to specialist services, including podiatry and the Tissue Viability Nurse, were made as required, and skin care was discussed during daily flash meetings and monthly home learning meetings. Some further work was needed to ensure repositioning support was provided and recorded in line with people's care plans.

Overall, people were supported to have enough to eat and drink throughout the day. Feedback from staff, people, and families about meal choices was mixed, and we suggested that further consultation take place to review the menus. Mealtimes were observed to be relaxed, and while staffing levels were adequate, the number of people requiring support was higher, indicating that further consideration may be beneficial to ensure mealtimes are organised in a way that best meets everyone's needs. Some feedback around meals included, "Food is ok, I would like more fruit", "I have visited at lunch and it's food I would give to a five year old", "I have diabetes and would like cheese biscuits instead of pudding, also more salads as too many chips" and "The soups are very nice".

People who required a texture modified diet would benefit from having a wider range of snack options available; however, staff had taken time to ensure meals were attractively presented. The service liaised with a dietitian when needed to support people's nutritional needs. Where monitoring of food intake had been

identified as necessary, recording was not always consistent, indicating that further oversight would help ensure this support was fully evidenced (see area for improvement 1).

People's health needs were appropriately escalated to other healthcare professionals when required. People were supported to receive their medicines as prescribed, providing reassurance that their medication needs were managed safely and in line with guidance.

The service employed three wellbeing coordinators, with an activity planner in place to support people to engage in meaningful activities. During the visit, we observed activities taking place, and staff were seen encouraging people to become involved. One person spoke enthusiastically about an animal zoo visit that had taken place earlier that day, which demonstrated positive engagement. The service also maintained regular links with a local nursery and local churches, and there had been an increase in entertainers visiting the home. However, some people expressed a wish to spend more time outdoors. A requirement had previously been made in relation to community access, and taxis had been used to support outings such as visits to garden centres, shopping, and the local pub due to the lack of a minibus. These activities had since stopped again. This highlighted the need to review how opportunities for going out into the community and accessing outdoor spaces could be strengthened and sustained (see area for improvement 2).

Please see area for improvement under 'Key Question 5', which is also relevant.

Areas for improvement

1.

To support people to have food and drink that meets their needs and wishes, the service should carry out a review of meals and snacks. This should be done in consultation with catering staff, care staff, people living in the care home and their families.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37).

2. The provider should ensure that service users are supported to get the most out of life and be part of their local community. In order to do this they must, as a minimum, provide people they support the opportunity to have an active life and participate in a range of recreational, social, creative and physical activities both indoors and outdoors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed weaknesses.

There had been a change of manager since the previous inspection. While people described management as visible and approachable, some shared concerns about the frequency of changes and how long the current manager would remain in post. Overall, staff spoke positively about the management team and highlighted some new ideas that had been introduced and welcomed. Staff also reported that managers were approachable and responsive, and that they felt listened to when sharing ideas or raising concerns.

Staff shared feedback that, due to a number of recent changes, including the appointment of a new manager and deputy manager, as well as the recent introduction of an 'Alternative Staffing Model' involving changes to senior care and nursing arrangements, they had experienced some confusion and a lack of clarity around roles and responsibilities. This indicated that additional support and communication would help staff to fully understand the new arrangements and feel confident in their roles (see area for improvement 1).

The provider had a quality assurance system in place; however, this was not yet fully embedded. Management and leaders recognised that further time was needed to develop the system, ensure it was used consistently, and build confidence that it effectively identified issues and supported meaningful improvement.

A Service Improvement Plan was in place, which demonstrated a live and dynamic approach, with evidence that it was being reviewed and progressed on a regular basis.

We discussed how the service could improve its approach to quality improvement. This included moving away from multiple "inputs", such as audits, meetings and feedback, and towards clear action plans with enough time to implement and embed improvements. It was agreed that a more focused approach, with fewer inputs and a stronger emphasis on follow through, would support more meaningful change (see area for improvement 2).

A system was in place to manage accidents and incidents. These were clearly recorded and managed in line with required procedures. Follow up actions were overseen by the regional team. Risk assessments were reviewed and updated following incidents, and care plans were amended where necessary to reflect identified risks and appropriate actions.

The management team were attentive and responsive throughout the inspection and demonstrated an openness to feedback, indicating a capacity to improve.

Areas for improvement

1.
To promote good outcomes and to minimise the risk of poor outcomes, the service should ensure that governance and oversight systems in place identify risks, plan appropriate actions to address these and drive improvement.

This is to ensure that 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).

2. To promote good outcomes and minimise the risk of poor outcomes, the service should ensure that leaders have a sound knowledge of their key roles and responsibilities.

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

How good is our staff team?**3 - Adequate**

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed weaknesses.

People living in the care home and their families spoke very positively about staff. They explained, "Staff are all very approachable", "Staff are excellent, no complaints" and "Staff are very good and respectful, can't fault them".

There had been a significant turnover of staff, with a number of new team members joining the service. As a result, teams were still becoming familiar with people, their individual routines, and working together cohesively. This highlighted the need for continued support to help teams embed consistent practices and ensure continuity of care.

We heard positive feedback about effective team working, including collaboration across different departments. Staff we spoke with and observed appeared committed to their roles and demonstrated a genuine motivation to care for people, which contributed to a supportive and respectful culture within the service.

People living in the care home and staff benefit from a warm atmosphere because there are good working relationships.

There had been some recent changes, including the appointment of a new manager and deputy manager, as well as the recent introduction of an 'Alternative Staffing Model'. This had led to some confusion and a lack of clarity around roles and responsibilities, indicating that additional support and communication would help staff to fully understand the new arrangements and feel confident in their roles. (see area for improvement 1).

Overall, no significant concerns were identified regarding staffing levels; however, staff reported experiencing difficulties during pinch points, which at times affected their wellbeing and ability to provide prompt support. Some residents also reported longer waits for assistance during these periods. It was noted that staffing assessments were limited, lacked a structured approach, and did not sufficiently consider staff wellbeing or align with the Health and Care (Staffing) (Scotland) Act 2019. In addition, the views of staff, people using the service, and their families and carers were not consistently incorporated (see area for improvement 2).

Areas for improvement

1. To support openness and transparency around the implementation of the 'Alternative Staffing Model', the provider should consult with all relevant stakeholders and implement a review system to ensure that the approach meets people's needs.

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

2. To ensure that staffing levels meet people's needs, the provider should review how they demonstrate that they ensure appropriate staffing levels in line with their duties under the Health and Care (Staffing) (Scotland) Act 2019.

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).

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.

People could choose to use private and communal areas and had the right to privacy when they want. Bedrooms were nicely personalised and people were encouraged to do this.

People benefited from a setting which was the right size for them, including experiencing small group living. There was a range of specialist medical devices and equipment available to best meet their changing needs.

Overall, people benefited from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment was relaxed, overall clean and tidy. One unit did have some malodour on entering, however, we were assured that this had already been identified and plans were in place to address this.

There were clear planned arrangements for the regular monitoring and maintenance of the premises and the equipment to ensure people were safe. There were some gaps in some aspects very recently due to the absence of the maintenance person, however, they had now returned and plans were in place to get everything back up to date.

Housekeeping staff demonstrated a clear understanding of environmental cleaning schedules and their individual responsibilities, and those undertaking housekeeping tasks were familiar with requirements for environmental and equipment decontamination. However, it was noted that staffing levels did not consistently support the completion of cleaning tasks to the required standard, including deep cleaning. The service typically operated with one or two domestic assistants on duty, rather than the previous three per day, which impacted consistency. Although we were assured that recruitment activity was now in progress, this should have been implemented sooner to ensure that standards were maintained.

How well is our care and support planned?

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 could be assured that a personal plan was in place, informed by relevant risk assessments, the outcomes of which were used to guide care planning. Care plans were reviewed on a regular basis to support ongoing needs. We found a few aspects had been overlooked, however, the service were responsive and started addressing these during the inspection.

Supporting legal documentation was in place to ensure people were protected and their rights were upheld.

We sampled daily supporting documents and found that where people needed a specific aspect of their health monitored, these supporting documents were inconsistently completed and that the overview from trained staff could be improved to make them meaningful (see area for improvement 1).

The majority of six monthly care reviews had been carried out in line with legislation, with plans in place to

catch up with those that were behind. This gave people and their families an opportunity to give feedback about living at The Village Nursing Home and discuss any suggestions or concerns that they may have.

Areas for improvement

1.
To promote good outcomes for people, the service should ensure that where a service user needs a specific aspect of their health monitored, that supporting documents are completed and that trained staff have an overview of these.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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).

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

The provider should ensure that when people or their representatives raise concerns about their care and support, effective action is taken to address their concerns in line with the service's complaint policy. This should include an outcome letter that has a 'Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)' action plan, where appropriate. This should also clearly identify if the complaint will also be managed under 'Duty of Candour' legislation.

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

This area for improvement was made on 19 June 2025.

This area for improvement was made on 19 June 2025.

Action taken since then

The provider had arrangements in place to record and manage complaints. While the service informed us that no formal complaints had been received since the previous inspection, discussions with residents and their families indicated that some concerns had been raised, particularly in relation to the laundry service, meal options, and the consistency of certain aspects of care. People told us they had shared these matters with staff, suggesting that further work may be beneficial to ensure concerns are consistently escalated to management, appropriately recorded, and reviewed. This would help ensure that feedback is used more effectively to inform service development and support continuous improvement.

This area for improvement has not 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	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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