

Hillview Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
22 April 2026

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

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CS2017361014

About the service

Hillview Care Home is a purpose-built care home in the Dalmuir area of Clydebank. There are good public transport links nearby. The care home is close to local shops and facilities.

The care home is registered to provide support for up to 150 older people. Five houses, accommodating 30 people each, provide en-suite bedrooms as well as communal areas and dining rooms.

A separate building houses the main kitchen, laundry and administration offices. The service has communal garden areas.

About the inspection

This was an unannounced inspection which took place on 14, 15, 20, 21 and 22 April 2026. The inspection was carried out by three 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 27 people using the service and 12 visiting families
- spoke with 25 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

People living in Hillview Care Home and their families consistently expressed satisfaction with staff. Describing them as kind and compassionate.

Access to meaningful activities should be improved to support people's wellbeing.

The provider's quality assurance system needs to be used effectively and consistently to drive improvement of outcomes for people who live in the home.

The provider needs to ensure that the home is staffed with sufficient staff to fully meet the health, welfare and safety needs of people.

The quality of the environment of the home needs to be improved to ensure that people experience living in a comfortable and well-maintained home.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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 only just outweighed weaknesses

During our visit, we observed that people living in Hillview Care Home benefit from kind and compassionate care. Individuals told us they felt cared for and supported by staff.

Staff demonstrated an awareness of individuals' needs and preferences, which supported people's choices.

People told us:

"The staff are lovely and always cheery."

"We are very happy with care and support, and dad has really come out of his shell".

"I'm very happy with care. The staff go above and beyond".

The home had an activity coordinator who had developed a diary of meaningful activities and events to support people's wellbeing. However, we saw there was little in the way of meaningful activity taking place. We observed long periods where people spent time in sitting rooms and their own bedrooms without engagement from staff. We saw that staff approaches were often task-focused and did not consistently reflect a person centred approach. Staff tended to interact with residents who could respond easily, while quieter individuals received less attention. This could leave people feeling lonely and isolated.

People told us:

"There's not much to do, it can be a long day".

"Not a lot to do, nothing ever happens here".

"I'm fed up, there is nothing to do, the staff are alright to me, but there is nothing happening here".

"I just want to go out for a walk and get some fresh air, but staff are too busy, the staff are rushed off their feet".

Improvement is needed to ensure people have access to meaningful activities and feel included. See area for improvement 1.

The mealtime experience was variable and appeared dependent on the skills of the staff team on duty. There were delays in meals being served due to insufficient staff available to support people who needed one to one support with eating and drinking. Staff were at times poorly deployed and led, resulting in poorly managed mealtimes. Improvement was needed to ensure that people enjoy their mealtimes to support their nutrition and hydration needs. People were unable to help themselves to drinks outside mealtimes or tea trolley rounds, as drinks were not readily available, and staff were often not present in lounges to prepare drinks in kitchen areas. This does not ensure that people's hydration needs were being fully supported. See area for improvement 2.

Nursing and senior care staff were aware of individuals' health needs and understood how best to support them. They demonstrated knowledge of the range of healthcare professionals available for advice and support when required. Families said that staff contacted GPs promptly when there were changes in their relatives' health, which reassured them that healthcare needs were being managed appropriately. Family members also spoke positively about communication with staff, telling us that they felt involved in decisions regarding their relatives' health and care. Visiting healthcare professionals commented positively about the knowledge of staff and were assured that staff followed directions to support people's health needs.

Nursing and senior care staff were competent and skilled regarding the management of people's medication. There were systems in place to ensure that medication was being managed in line with best practice guidance. This resulted in people's healthcare needs being supported by the safe and effective management of their medication.

Personal plans contained information on the assessment and management of clinical risks, and contained guidance for staff about how best to support people's needs. However, personal plans were not always updated to reflect changes in people's care, resulting in a lack of accuracy about people's current health and support needs. Staff often recorded changes in the review sections without updating the main care plans, creating a risk that decisions about care management could be lost and not implemented consistently. This did not provide clear direction for staff to meet people's agreed care needs. See area for improvement 3.

Clinical governance systems were in place to oversee clinical risk and support the management of people's healthcare needs. However, we were not assured that these systems were being used effectively. Oversight relied on information from personal plans and staff reports. We had concerns that inaccuracies of information would not provide a true reflection of clinical risk to inform plans to minimise risk effectively. This issue will inform a requirement detailed in key question 2 of this report

We identified that there had been delays in the escalation of reporting incidents that had resulted in injury. We could not be assured that the service was fully following current guidance regarding escalation of issues that potentially impact people's health, welfare, and safety. We were concerned that significant issues may be missed, this would not ensure people are safeguarded. See requirement 1.

We noted significant gaps within records of the support people received with personal hygiene and oral care. We could not be assured that people had access to regular baths or showers to support their personal hygiene and comfort. This was commented on by a relative who put it down to staff not having enough time to assist people with a bath. See area for improvement 4.

Requirements

1. By 3 August 2026, the provider must ensure that people living in the service are safeguarded and that their health, welfare and safety needs are effectively managed and met. To do this, the provider must ensure at a minimum that they:

a) follow current best practice and local area guidance regarding escalation and reporting of Adult Support and Protection issues.

b) support staff with training regarding Adult Support and Protection legislation, the current reporting processes and their role and responsibilities to safeguard people.

This is to comply with Regulation 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) 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. The provider should support people's wellbeing and promote good mental and physical health by supporting staff to develop their skills regarding engaging with people living with dementia. And by enhancing the range and access to meaningful activities and the local community, ensuring they reflect people's choices, preferences, and abilities.

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

2. The provider should ensure that people's nutrition and hydration needs are fully met by improving the management of mealtimes, including but not limited to ensuring effective staff leadership. And ensuring that people can access drinks and snacks between meals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snacks and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35) and 'I can drink fresh water at all times' (HSCS 1.39).

3. To guide staff to deliver consistent and agreed care personal plans should accurately reflect any changes in people's care and support.

Personal plans should be developed to fully reflect a person centred approach ensuring that details of people's preferences are detailed to guide staff to promote people's choices.

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) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

4. To support acceptable standards of personal hygiene for people and promote their comfort and wellbeing, the provider should ensure that accurate records are maintained to evidence that people have access to regular baths and showers and are supported with oral care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People commented positively about the manager and the management team. People said that they were approachable and friendly.

We noted that the management team had developed effective working relationships with external agencies to ensure the best outcomes for people.

A key method of assessing service quality involves using the views of people who use the service to inform improvement. People we spoke with were aware of how to raise concerns. They said that they felt listened to.

Staff said that they felt supported by the management team and had access to team meetings to discuss practice and make comments regarding service improvement. Although minutes of meetings were available, we could not determine that people's comments and suggestions had been acted on. There was a clear need to demonstrate a culture of continuous improvement and ensure that the needs and wishes of people who live in and work in, and visit the service are the primary drivers for change.

The service had a quality assurance system in place, using tools like quality audits, outcomes of complaints, and the resident-of-the-day process. While information was being collected, it wasn't being used effectively to inform action plans to drive service development. We could not be assured that issues identified had been used to consistently or effectively improve outcomes for people. Some tools, such as resident-of-the-day, were used more as clinical audits rather than for the intended purpose of offering opportunities for people to give regular feedback about their experience of living in the home. We concluded that the quality assessment process was not being used effectively to improve service provision or to assure consistently good outcomes for people.

Investigations into adverse events were not always sufficiently robust, with some lacking clear conclusions regarding cause and little evidence of learning by staff teams. This does not support a culture of learning to improve outcomes for people. See requirement 1.

Requirements

1. By 3 August 2026, the provider must ensure that quality assurance processes are used effectively to improve outcomes for people experiencing care. To do this, the provider must ensure at a minimum that they:

- a) use feedback from people living in the service, their families, and staff to inform the Service Improvement Plan
- b) ensure quality assurance tools are used effectively and lead to meaningful action
- c) use the outcomes of adverse events to inform learning and improve outcomes for people
- d) use the clinical governance systems to ensure accurate recording of details of clinical risk and the measures in place to minimise risk
- e) ensure that plans of care to minimise clinical risk are communicated effectively with relevant staff teams.

This is to comply with Regulation 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 that care and support is consistent with the Health and Social Care Standards which state that: '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 benefit from a

culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff were observed to be kind and respectful. People and their families consistently described the staff as friendly and caring.

People commented positively about the staff teams that supported them. They told us:

"I'm happy here, the staff are nice and kind".

"Staff are so kind and make me smile".

"Staff work very hard but are always cheerful. I cannot fault them; they are a great bunch".

We saw that all teams across the home supported each other well. There was an ethos of partnership working in the home. Staff worked hard to support each other and ensured people were supported with kindness.

Many people we spoke with reported delays in receiving care and assistance, which they attributed to staff being very busy and insufficient staffing levels. People told us:

"It's no good, staff say, 'in a minute' and 'I will come back soon' but they don't come back and you just have to wait".

"I like when staff spend time with me, but they don't always have the time. The staff are very busy; they work so hard, sometimes it's a long wait to get help".

"There are just not enough staff. They are so busy all the time, they can't spend time with people".

Staff we spoke with, and feedback shared at meetings confirmed that they felt stretched and busy at all times.

During the inspection, we observed task focused care, delays in people receiving support, and delays in people being assisted to get out of bed in the morning. There was often an absence of staff in communal areas, people who needed assistance were not supported because staff were busy elsewhere, there was a lack of meaningful activities, limited opportunities for people to go out or engage with community events, and poorly managed mealtimes. We concluded that current staffing levels were not adequate to fully support good outcomes for people.

The provider was using an assessment tool to determine the number of staff required during both day and night shifts to meet people's needs. This tool considered people's dependency needs but did not take account of the broader range of tasks and activities that impact staff time. This has resulted in support being focused on tasks and not on a person centred approach. To improve staffing levels and skill mix in teams, there was a need for the provider to develop a staffing assessment tool that aligns with current legislation and the 'Staffing Method Framework for Adult Care Homes Guidance'. See requirement 1.

The provider had introduced a new system of processing pre-employment checks for newly recruited staff. There was a need for the management team to apply this new process consistently to ensure that recruitment practices were safe and people were protected. New staff received a structured induction that

included shadowing and management oversight. Regular checks of staff professional registration gave assurance that staff were appropriately registered and fit to practice. See area for improvement 1.

Staff said that they felt they had good access to training, and it was relevant to their role. Staff said that they were being supported to have discussions regarding their learning and development through regular one-to-one meetings with their supervisors. However, it was unclear how the outcomes of these discussions was being used to inform the core training plan. There were some gaps in records of completion of training for some staff, steps were being taken to ensure that staff completed their training.

Competency checks and direct observations were not routinely carried out to ensure safe and effective care was being delivered. See area for improvement 2.

Requirements

1. By 3 August 2026, the provider must take action to ensure that the right staff are in the right place, with the right skills, at the right time to fully support people's needs.

This must include, but not be restricted to ensuring that

a) effective staffing methods are in place to provide sufficient numbers of staff to meet people's health, welfare, and safety needs.

b) staffing levels are flexible and can respond to changes in people's needs.

c) staff skill mix and knowledge consistently support people's assessed needs.

This is to comply with Section 7(1) and (2) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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 needs are met by the right number of people' (HSCS 3.15)..

Areas for improvement

1. The provider's recruitment process should be applied consistently to ensure that current best practice guidance regarding safer staff was being followed and people were being protected.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

2. To ensure that people are supported by knowledgeable and competent staff, the training plan should be strengthened using the outcomes of discussions about staff learning and development needs.

Assessment of the impact training has on staff practice should be re-established. This would support better outcomes for people.

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

state that: '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).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People spoke positively about living at Hillview Care Home and said they felt comfortable. People described the home as "very clean".

People told us:

"I'm comfortable here".

"My room is kept nice".

The home was clean, and housekeeping staff were visible and knowledgeable. The maintenance team was aware of their responsibility to ensure that the environment of the home and equipment used by people were well maintained. People were protected from harm as the home was clean and safe.

The home provided single-bedroom accommodation with ensuite toilet facilities. There were communal bath and shower facilities for people to use.

Some bedrooms had been personalised to reflect people's choices, including personal furniture, pictures, and ornaments, which helped create a familiar and comfortable environment for people. People had access to communal sitting rooms and dining areas, as well as smaller quiet sitting rooms in each unit. However, these quiet spaces were not seen being used during the inspection.

There was a need to improve the overall quality of the care home environment. The home appeared tired and required redecoration, with chipped and scratched paintwork, poor décor, and a lack of homely touches in sitting rooms. Furniture such as easy chairs and side tables needed repair or replacement to enhance comfort and create a welcoming atmosphere.

People were able to walk freely within the units, however, many of the garden doors were locked, which limited people's access to outdoor spaces. The gardens required attention, including tidying and removal of rubbish, and were not welcoming. See requirement 1.

Requirements

1. By 3 August 2026, the provider must ensure that people experience a high-quality care home environment. To do this, the provider must carry out a full assessment of the environment of the home internally and externally and use the outcome to inform an environmental improvement plan that is specific, measurable, achievable, relevant, and time bound.

The environmental improvement plan must be shared with the Care Inspectorate.

This is to comply with Regulation 10 (2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is relaxed, welcoming, peaceful, and free from avoidable and intrusive noise and smells' (HSCS 5.18).

How well is our care and support planned?**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should have a personal plan which details their current care and support needs. This ensures that staff are effectively directed to support the individual by taking a consistent and agreed approach. We noted variation in the level of detail within some personal plans. There was a need for the development of information regarding what was important to people and their preferred routines. Care staff demonstrated strong knowledge of individuals and supported day-to-day choices well. However, much of this 'soft information' was not consistently captured in personal plans. Including this detail would help ensure a consistent and agreed approach to people's care and support across the team. This issue informs an area for improvement detailed in key question 1 of this report.

We also noted some information about people's wishes regarding future care and end-of-life care. While we acknowledged that these conversations can be difficult, the management team was looking at ways to support staff to gather this information more effectively to fully inform personal plans and guide staff in respecting people's decisions.

Families we spoke with told us they felt able to contribute to decisions, supporting their relatives' care. There was good evidence that people and their representatives were involved in regular care reviews. This gives people the opportunity to formally discuss their care and support.

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

In order to enhance and improve residents' care experiences, personal care records should be evidenced well and staff practice should be observed. Any improvements should be acted upon as part of the auditing process.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19).

This area for improvement was made on 4 September 2025.

Action taken since then

There was a continued need for direct observations of practice to be carried out to assess the impact training had on improving outcomes for people.

This subject will be included in a new area for improvement detailed in key question 3 of this report.

Previous area for improvement 2

To ensure residents are cared for by competent and skilled staff, all out of date mandatory training should be completed without delay. Nurses should be supported to attend wound care training offered to refresh their knowledge.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) "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)

This area for improvement was made on 4 September 2025.

Action taken since then

Measures were being taken to ensure that staff completed their core training and attended specific needs led training.

This area for improvement has been implemented.

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.1 Vision and values positively inform practice	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
2.3 Leaders collaborate to support people	4 - Good
2.4 Staff are led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate
4.3 People can be connected and involved in the wider community	3 - Adequate

How well is our care and support planned?	3 - Adequate
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5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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