

Bothwell Castle Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
22 August 2025

Service provided by:
Bothwell Care Limited

Service provider number:
SP2018013104

Service no:
CS2018365959

About the service

The home is purpose-built and operates across three floors, with lift access available. All bedrooms are single occupancy and include en suite facilities comprising a toilet, shower/wet room, and wash hand basin. Bathing facilities were also available, including assisted baths where required.

People had access to communal lounges and dining rooms on each floor. Outdoor spaces included a rear garden and a courtyard, both of which were accessible and well maintained. Visitor parking was available at the front of the home.

At the time of the inspection, 67 people were living in the home.

About the inspection

This was an unannounced inspection carried out on 19, 20, and 21 August 2025 between 08:30 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 registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- We spoke with 16 residents and received feedback from 24 relatives.
- We observed interactions with residents who could not express their views.
- We spoke with 19 staff and two visiting professionals.
- We observed practice and daily life.
- We reviewed documentation and audits.

Key messages

- People consistently spoke positively about the care and support they received, describing staff as kind, helpful, and attentive.
- Medication was managed safely, with clear procedures in place and improvements made following previous errors.
- Leadership had improved under the management team, resulting in stronger teamwork and a more consistent standard of care.
- All previous requirements had been met. However, some areas for improvement from the last inspection had not been fully addressed.
- Six new areas for improvement were identified to support continued development and better outcomes for people.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very 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. There were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences.

People consistently told us staff were caring and attentive, with comments such as "Staff were really helpful" and "They take good care of me." These views reflected a sense of reassurance and trust in the care provided, which promoted both physical and emotional wellbeing.

Support was responsive to changes in health needs. Staff worked well with professionals and shared information effectively, helping to maintain consistent care.

Staff responded promptly when people's health needs changed. Information was shared effectively with external professionals, helping ensure care remained consistent and reliable.

Medication was administered safely, with clear protocols in place. Where errors had occurred, these were followed up with appropriate actions and learning. However, staff did not consistently record the effectiveness of 'as required' medication, making it harder to evaluate its impact on people's wellbeing. The management team acknowledged this and committed to improvement.

Support for people at risk of pressure wounds had improved. Care plans and risk assessments were up to date, and staff had completed relevant training. Records such as repositioning charts were maintained accurately, and guidance from external professionals was followed. These measures helped reduce the risk of harm and improved comfort.

Mealtimes were social and positive, with people describing them as "one of the highlights of my day" and commenting, "I really like the food." People enjoyed a variety of meals that were both familiar and nourishing, with special diets catered for to meet individual needs. The menu included traditional favourites as well as options that supported health and wellbeing, which gave people choice and reassurance.

People living in the service valued the garden, the shared balcony and community outings. Celebrations and group activities supported social connection; however, less mobile residents who spent long periods in their rooms or in bed had inconsistent opportunities to take part. Some people remained in their rooms for much of the day and had limited access to meaningful activities and social engagement. When one-to-one support was not prioritised, people were at risk of isolation and reduced wellbeing. (See area for improvement 1)

We observed that regular engagement with staff helped people feel more settled and involved in daily life. Where interactions were limited, people appeared less engaged and more withdrawn. Consistent support helped people feel secure and relaxed, and regular contact with familiar staff built trust and reassurance. Changes in staff were noted by some residents as making it harder to form trusting relationships, highlighting the importance of continuity for people's wellbeing.

Adult support and protection procedures required improvement. In some cases, unexplained injuries were not fully followed up or reported appropriately, creating a risk that important information could be missed. People and families needed reassurance that safety concerns would be taken seriously and acted upon.

Clearer protocols and further staff training would help ensure concerns are escalated without delay. (See Area for Improvement 2)

Areas for improvement

1. People who are less mobile or spend long periods in their rooms should have structured opportunities for meaningful activity. This would support social connection and reduce the risk of isolation.

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 activities every day, both indoors and outdoors'. (HSCS 1.25)

2. The service should strengthen adult support and protection practice through clearer protocols and staff training. This would give people and families confidence that any concerns about safety and wellbeing are responded to quickly and appropriately.

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)

How good is our leadership?

4 - Good

We evaluated this key question as good. There were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences.

Staff described the management team as "a breath of fresh air" and said, "everyone is more accountable now." This reflected a shift towards more consistent and reliable care, with improved communication and leadership. Families also told us they felt reassured by the open-door approach and transparent communication, which helped build trust and confidence in the service.

Quality assurance activities were in place and included checks on mealtimes, hydration, medication, skin care, oral health, falls, and support plans. Managers monitored care through handovers, team meetings, walk-rounds, and direct observation of practice. These approaches helped identify issues and supported staff to reflect on their work.

Spot checks on medication increased accountability and reduced the risk of errors. Staff confirmed that managers were actively involved in quality discussions and motivated to drive improvement. This contributed to a culture of learning and continuous development.

While quality assurance activities were in place, the service's improvement plan was largely focused on issues identified through upheld complaints and inspection findings. This meant that improvement was often reactive rather than proactive, with limited evidence of a forward-looking approach. Strengthening the link between quality assurance findings and improvement planning would help ensure sustained progress and better outcomes for people. (See area for improvement 1)

During the inspection, we discussed with the management team the importance of linking improvement

planning more closely to the Care Inspectorate's Quality Framework. This would help ensure that quality assurance activities lead to sustained improvements and consistently positive outcomes for people.

Areas for improvement

1. To support sustained improvement and better outcomes for people, the provider should strengthen its improvement planning by linking it more clearly to findings from quality assurance activities.

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)

How good is our staff team?

4 - Good

We evaluated this key question as good. There were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences.

Staffing levels were regularly reviewed to ensure people received the support they needed. Additional hours were provided for individuals with higher support needs, and quieter units were monitored to help plan ahead. While rotas showed efforts to maintain consistency, the frequent use of agency staff sometimes made it harder for people to build relationships with familiar carers. Despite this, people told us staff were available when needed, and families described staff as kind and responsive.

Recruitment processes followed good practice, with appropriate checks and registration procedures in place. Oversight of staff registration was maintained, although induction records were not always consistently retained. This limited the ability to evidence that staff had received appropriate support from their start date.

Training was delivered through a mix of online and face-to-face sessions. Staff spoke positively about refresher sessions, particularly those focused on falls. However, training in key areas such as personal planning and stress/distress support had not been completed by all staff. This highlighted a need for ongoing review to ensure staff are equipped to provide safe, confident, and person-centred care. (See area for improvement 1)

Team meetings had become more consistent, and staff reported they were a useful way to share views and contribute to improvements. Some staff had received supervision, but this remained an area for development. Regular, recorded supervision would help support staff wellbeing and professional reflection, contributing to better outcomes for people. (See Area for Improvement 2)

Staff were observed interacting with people in a kind and caring way, and teamwork had improved under the new management team. However, staffing pressures sometimes limited time for reviewing personal plans, and agency staff were not always familiar with people's individual needs. While people received compassionate care, continuity and consistency could be affected when staff were less familiar with them.

People and families consistently described staff as approachable and caring, with one person saying, "staff are lovely." This reflected the overall strength of relationships and the commitment of staff to providing person-centred care, even during periods of staffing challenge.

Areas for improvement

1. All staff should complete essential training, particularly in personal planning and supporting stress or distress. This will ensure care is safe, confident, and person-centred. 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.' (HSCS 3.14)

2. All staff should receive regular supervision in line with policy. Supervision supports reflection, development, and wellbeing, which contribute to safe, high-quality care 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.' (HSCS 3.14)

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 clean, modern, and well maintained, creating a calm and reassuring atmosphere. Communal areas were spacious and well lit, with layouts that supported social interaction, orientation, and ease of movement. Additional dining and lounge spaces were available for people and their families, contributing to a welcoming and inclusive setting.

Bedrooms were personalised and included en suite facilities. People had added their own decorations, photographs, and belongings, which helped create a sense of familiarity and comfort. Some bedroom doors displayed names and pictures, while others showed only names or room numbers, reflecting people's individual preferences and a respectful, person-centred approach.

Outdoor spaces were accessible and well used. Each floor had a balcony, and the garden included flowers, furniture, and a gazebo. People told us they enjoyed going outside and appreciated the use of the home's transport for local outings. These opportunities supported people's independence, wellbeing, and quality of life.

Environmental audits were carried out regularly and included good practice, such as large pictorial menus and clear signage. Some signage could be improved to better support people with memory or visual difficulties, and plans were in place to use a recognised tool to guide further environmental enhancements.

Health and safety systems were robust and contributed to a safe and reassuring environment. Fire safety procedures, emergency lighting, and equipment checks were carried out regularly, demonstrating a proactive approach to risk management. Infection prevention and control practices were strong, with staff consistently supporting people with hand hygiene before meals. Communal and bedroom areas were visibly clean and well maintained, which helped reduce the risk of infection and promoted comfort and dignity. These measures reflected a well-organised and responsive approach to maintaining a safe environment, with clear benefits for people's wellbeing.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, recognising important strengths that had a positive impact on people's experiences. These strengths clearly outweighed areas for improvement.

Personal plans contained detailed information about people's routines, interests, and health needs. This included preferences around waking times, clothing choices, and evening routines, which supported staff to deliver care in a respectful and familiar way. Important documents for hospital visits and emergencies were included, helping ensure safe and personalised care.

People's choices were recorded clearly, including when they declined support. These decisions were documented alongside input from families and healthcare professionals, reflecting a person-centred approach and the service's duty to balance autonomy with safety. Guidance for managing stress and distress was included in some personal plans, outlining potential triggers and appropriate responses.

However, some records lacked clarity, making it difficult to confirm whether full reviews had been completed. Information was often presented in long paragraphs, which could make it difficult for staff to quickly locate key instructions or safety information. During the inspection, we discussed with the management team the benefits of introducing one-page profiles. These would provide a concise summary of each person's key needs, preferences, and risks, helping staff deliver safe and consistent care, especially when they are unfamiliar with the individual. (See area for improvement 1)

Personal plans sometimes focused more on what people did not want to do, rather than what they enjoyed. Life story information was present but often incomplete, limiting opportunities for staff to connect with people on a personal level. We discussed with the management team the importance of supporting staff to complete these sections fully, and ensuring people are actively involved in shaping their plans.

The service was in the process of implementing a new online system for personal planning. This gave reassurance that plans would become more accessible, consistent, and tailored to each person's outcomes and wishes.

Areas for improvement

1. The provider should ensure personal plans are clear, accessible, and include one-page profiles. This will help staff quickly understand key information and support people safely and consistently.

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

'My personal 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 requirements we made at or since the last inspection

Requirements

Requirement 1

By 15 August 2025, the service provider must ensure people identified at risk of developing, or with existing, pressure wounds must be supported in accordance with an up to date care plan and assessment. To achieve this, the provider must, at a minimum: a) Ensure each person supported has an up to date personal plan that details how staff will support them to maintain skin integrity.

b) Ensure all records about people's skin integrity, including risk assessments, are fully completed, signed, dated including the date for reviewing recorded.

c) Ensure all monitoring charts are reviewed, including repositioning charts, before handing over to the next shift.

d) Ensure that when staff identify gaps in recordings, or records that have not been fully completed, or if there are concerns about an individual, information is accurately recorded about the actions that will be taken.

e) Ensure any guidance and information from external health professionals is followed.

This requirement was made on 16 May 2025.

Action taken on previous requirement

Personal plans for skin integrity are now up to date and include relevant assessments such as Waterlow scores, body maps, and skin bundles. Staff have completed wound care competency assessments, and records—including repositioning charts—are consistently completed, signed, and reviewed. Any gaps or concerns are clearly documented with appropriate actions taken. Guidance from external professionals is followed and communicated through care notes, handovers, and clinical meetings. Ongoing audits provide assurance that improvements have been embedded into practice.

This requirement has been met.

Met - within timescales

Requirement 2

By 15 August 2025, the service provider must ensure people are supported and monitored after a fall. To achieve this, at a minimum, the service provider must:

a) Ensure all staff are aware of their responsibilities to report and record all falls immediately when they happen.

b) Ensure all records, including post fall assessments and post fall observations, are fully and accurately completed.

c) Ensure relevant sections of care plans are reviewed and updated after falls and any new equipment people require as a result of falls is fully risk assessed and recorded.

d) Ensure handover records have the correct up to date information about people supported and information is shared with all staff.

This requirement was made on 16 May 2025.

Action taken on previous requirement

Staff have received targeted training and refreshed guidance on falls procedures, ensuring they understand their responsibilities for immediate reporting and documentation. Structured systems, including falls grab folders, are in place to support consistent recording and review. Post-fall assessments are completed, personal plans are updated, and any new equipment is risk assessed. Information is shared clearly across shifts through handovers and clinical meetings, supporting safe and responsive care.

This requirement has been met.

Met - within timescales

Requirement 3

By 15 August 2025, the service provider must ensure all concerns raised are responded to in writing with accurate records completed confirming the follow up actions taken. This is to ensure all concerns and complaints are taken seriously and managed in accordance with the care services complaints policy and procedure.

This requirement was made on 16 May 2025.

Action taken on previous requirement

The service has introduced a clear system for recording and responding to complaints, with each concern tracked from receipt to written response. Oversight by senior managers ensures consistency and accountability. Complaints are reviewed regularly, and learning is used to support improvement. These measures ensure concerns are taken seriously, responded to in writing, and managed in line with the service's policy.

This requirement has been met.

Met - within timescales

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

1. The service provider should ensure all staff are appropriately trained, skilled and competent to support people's health in accordance with their assessed needs.

This area for improvement was made on 16 May 2025.

Action taken since then

We sampled training records and identified that some key training had still to be completed by staff. This area for improvement has not been met and has been reworded under Key Question 3: 3.3 - Staffing arrangements are right and staff work well together.

Previous area for improvement 2

1. In order to promote the meaningful involvement of residents/people, the provider should improve participation opportunities. This may include surveys, meetings, and other methods of participation to evidence that people are listened to and can effectively contribute towards improvement.

This is to ensure that care and support is consistent with Health and Social Care Standards which state: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8), and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (4.19).

This area for improvement was made on 25 January 2024.

Action taken since then

The service has introduced regular residents' meetings and issued surveys to people living in the home and their families. We saw evidence that feedback from these participation methods had led to changes and improvements, demonstrating that people's views are being listened to and used to influence service development. This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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