Bothwell Castle Care Home
Care Home Service

35 Bothwell Road
Uddingston
Glasgow
G71 7HA

Telephone: 01698 622 299

Type of inspection:
Unannounced

Completed on:
29 July 2026

Service provided by:
Bothwell Care Limited

Service provider number:
SP2018013104

Service no:
CS2018365959

About the service

Bothwell Castle Care Home is registered with the Care Inspectorate to provide a care service for up to 75 older people. The provider is Bothwell Care Limited.

The home is purpose built and operates across three floors, with lift access between each floor. All bedrooms are single occupancy and include en-suite facilities comprising a toilet, shower/wet room and wash hand basin.

People have access to communal lounges and dining areas on each floor, along with a range of indoor and outdoor spaces including landscaped gardens, a courtyard, cinema room, tearoom and private dining facilities. Visitor parking is available at the front of the home.

At the time of the inspection, 58 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 28 and 29 July 2026 between 09:00 and 18:00. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection, we reviewed information about the 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 13 people experiencing care who were able to share their views and experiences
- received feedback from 19 relatives and 13 staff members through our questionnaires
- observed interactions and daily life for people who were unable to fully express their views
- spoke with 14 staff members, including management
- reviewed care records and other documentation
- observed practice and daily life throughout the home

Key messages

- People experienced care and support which promoted positive health and wellbeing outcomes.
- Staff knew people well, recognised changes in their health and wellbeing and responded appropriately when needs changed.
- People benefited from timely access to healthcare professionals and effective partnership working with external services.
- Families spoke positively about communication, involvement in care and the support provided during periods of ill health and at the end of life.
- People experienced warm, caring relationships with staff who treated them with dignity, respect and compassion.
- Improvements in meaningful engagement were reducing the risk of social isolation, particularly for people who spend longer periods in their bedrooms or are less able to participate in group activities.
- Quality assurance arrangements had strengthened significantly and were being used effectively to identify areas for improvement and support positive outcomes for people.
- Medication management systems supported safe and person-centred practice.
- All previous areas for improvement had been met.
- We identified no new 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?	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.

People benefited from staff who knew them well and recognised changes in their health and wellbeing at an early stage. Throughout the inspection, staff spoke about the importance of observation in identifying when people's needs were changing and ensuring support could be adjusted promptly. One unit manager described care as being "all about observation". Relatives also spoke positively about staff recognising changes quickly and keeping them informed. This helped ensure people received timely support and reduced the risk of unmet health needs.

People benefited from timely access to health and social care professionals when required. Staff responded appropriately to changing needs and acted on professional advice, helping ensure support remained coordinated, responsive and focused on achieving positive outcomes. Effective partnership working supported people to receive the right care at the right time.

People and families consistently described positive outcomes from the care and support they received. Staff supported people to maintain independence, retain skills and remain as active as possible, helping people maximise their abilities and maintain control over their daily lives. One relative reflected on the impact this had for their family member, explaining that "before coming into the home she had very little independence and has improved so much." This demonstrated how person-centred support was improving wellbeing and promoting positive outcomes.

We found particularly strong evidence of compassionate and responsive end of life care. Families described feeling informed, involved and supported during periods of deterioration, giving them confidence that their relative's needs and wishes were being respected. One relative told us "we couldn't have asked for more", while another explained staff had been "so considerate and respectful throughout the whole process" and had "involved us at every stage." This demonstrated that people received dignified and compassionate care at the end of life and that families felt valued and supported.

People benefited from warm, positive relationships with staff who understood what was important to them. Relatives consistently described staff as caring, patient and approachable, while people experiencing care spoke positively about their daily experiences. One person told us "it's been fine, I had my breakfast and it was lovely", while another described feeling "very well looked after." These relationships helped people feel safe, respected and confident that their needs would be met.

Improvements in meaningful engagement were positively impacting on people's wellbeing. Opportunities for one-to-one engagement had increased, particularly for people who spend longer periods in their bedrooms, experience frailty or are less able to access larger group activities. This helped reduce the risk of social isolation and supported emotional wellbeing.

Through our observations, we saw people experience a calm and reassuring environment where staff spent time providing comfort, reassurance and meaningful interaction. Staff responded sensitively when people became unsettled, helping them feel safe and reducing distress.

People also benefited from safe and effective medication management. Personalised guidance, regular

medication reviews and management oversight helped ensure medicines remained appropriate to people's needs and supported positive health outcomes.

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

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).

This area for improvement was made on 19 September 2025.

Action taken since then

The service has strengthened opportunities for meaningful engagement for people who spend significant periods in their bedrooms, have reduced mobility or are unable to participate fully in group activities. One-to-one engagement is now built into the weekly activity programme and there is evidence of an increased range of individual and group activities. Activity staff described receiving greater management support and protected time to fulfil their role, helping ensure meaningful engagement remains a priority.

This area for improvement has been met.

Previous area for improvement 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).

This area for improvement was made on 19 September 2025.

Action taken since then

The service has strengthened adult support and protection practice through staff training, clearer oversight arrangements and ongoing review of concerns through governance and clinical risk meetings. Notifications and records reviewed provided reassurance that protection concerns are being identified, escalated and reported appropriately when required. Management maintain oversight of concerns and monitor outcomes and learning arising from incidents.

This area for improvement has been met.

Previous area for improvement 3

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).

This area for improvement was made on 19 September 2025.

Action taken since then

The service has strengthened its quality assurance arrangements and there is clear evidence that findings from audits and governance activity now inform improvement planning. The service improvement plan incorporates actions arising from internal audits including care planning, medication, infection prevention and control, falls, skin integrity and notifications. Actions are assigned, monitored and signed off when completed.

Management demonstrated a good understanding of how audit findings are used to identify trends, prioritise improvements and monitor progress. Improvement activity is increasingly driven by the service's own quality assurance processes rather than external scrutiny alone.

This area for improvement has been met.

Previous area for improvement 4

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).

This area for improvement was made on 19 September 2025.

Action taken since then

Training records, competency assessments and discussions with staff demonstrated significant progress in workforce development. The service has implemented a structured programme of service-specific training alongside mandatory learning, including personal planning, supporting people experiencing stress and distress, recognising deterioration and end of life care. Staff were able to describe how this learning supports their practice and observations demonstrated staff responding appropriately to people's emotional and wellbeing needs.

This area for improvement has been met.

Previous area for improvement 5

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).

This area for improvement was made on 19 September 2025.

Action taken since then

The service has implemented a structured supervision framework supported by a supervision tracker covering all staff groups. Sampling demonstrated regular supervision is taking place, with clear management oversight of completion and follow up. Staff spoke positively about the support they receive from managers and opportunities for reflection and development.

This area for improvement has been met.

Previous area for improvement 6

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).

This area for improvement was made on 19 September 2025.

Action taken since then

The service has implemented the Nourish electronic care planning system. While it does not use a document specifically titled a one-page profile, each person has an accessible profile page which provides staff with key information at a glance. These profiles are regularly updated to reflect current risks, health needs and emerging concerns.

Further information is available within the wider personal plan, including people's life history, preferences, routines, relationships, communication needs and outcomes. Sampling confirmed that plans were easier to navigate and provided staff with clear information to support safe, consistent and person-centred care.

This area for improvement has been met.

Previous area for improvement 7

The service provider should ensure all staff who are required to submit notifications to the care regulator are aware of and adhere to the Care Inspectorate's notification guidance. This is to ensure care and support is consistent with Health and Social Care Standard 4.27:

"I experience high quality care and support because people have the necessary information and resources."

This area for improvement was made on 20 November 2025.

Action taken since then

Notification practice had improved significantly. Notifications reviewed were submitted appropriately, in line with guidance and contained clear information regarding the event, actions taken and outcomes for the person. The service has also introduced a notification tracker which supports management oversight and follow-up of notifications where required.

This area for improvement has been met.

Complaints

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

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

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