

## Boclair Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
19 May 2025

**Service provided by:**  
Boclair Care Limited

**Service provider number:**  
SP2022000156

**Service no:**  
CS2022000224

## About the service

Boclair Care Home provides a 24 hour, 7 day a week service and is part of the Care Concern Group. The staff team is made up of registered nurses, team leaders, senior care assistants, care workers, activity staff and a team of ancillary workers. The overall purpose of Boclair Care Home is to provide luxurious flexible, person centred care and support for older people, that enables them to maximise their quality of life, maintain good health outcomes, promote social inclusion, and enhance independence. The service is based in Bearsden in the East Dunbartonshire local authority area. At the time of inspection there were 61 people living at the care home.

## About the inspection

This was an unannounced inspection which took place on 12 to 15 May 2025. 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 twelve people using the service and four of their family members
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- consulted with six visiting professionals
- considered survey results from people living at the service, relatives and staff

## Key messages

We found that the service was providing effective supports for maximising people's health and wellbeing.

The service should complete analysis of night shift staffing numbers to improve response times in the evenings.

The environment was of a very good standard and promoted free movement across the home and its outdoor space.

## 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.

We spoke to people who were positive about living at the home and observed daily interactions that were meeting people's needs effectively. We met with relatives who were visiting at the time of our inspection, and who gave us very positive feedback about how well the home supported their relative and engaged with families. The external health professionals that we consulted told us that they had confidence in the service and in the care and support that was being provided for people. People, families and staff were included in meetings across the home, and actions and outcomes were shared with stakeholders. We could see where the service had analysed and learnt from feedback and events. The service were actively involved in an ongoing project with regards to supporting people living with dementia.

Mealtimes were observed to be relaxed and we saw nurturing interactions between people and staff. People gave us positive feedback about the food and our observations showed that people were enjoying the meals as well as the social interaction with others. Other people chose to have meals in their own rooms and this was also accommodated. We did ask management to give consideration to people's wishes regarding medication administration at mealtimes.

We observed staff who knew people and their needs well whilst offering appropriate supports. There had been ongoing collaboration with a local nursery and the activity we witnessed was well attended and enjoyed by the participants. People told us they enjoyed the activities that were on offer and about the things they liked to join in with. We passed a few suggestions onto the management team that had been mentioned to us in terms of additions to the activity planner. We could see that the open door policy gave people the chance to socialise and explore indoors and outdoor space in a safe way.

Some of our visits took place in the evening and whilst one evening visit had no issues, we did identify that another evening showed some capacity for improvement in terms of staffing numbers and response times.

**(See area for improvement 1).**

However, it was very positive to note that our evening visits showed that people had bedtimes that were centred around their wishes and could go to bed or stay up as they pleased. In the main, the online care plans showed that effective supports and interventions took place as required whilst monitoring fluids, nutrition or any wound care that was necessary. We felt assured that people's health and wellbeing benefitted from their care and support.

## Areas for improvement

1.

The service should give further consideration to nightshift staffing numbers. This should include, but not limited to, meaningful analysis of response times, feedback from people and the impact of new and respite admissions.

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

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

## 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 environment was well-maintained and clean, whilst being welcoming and accessible. People's bedrooms were homely and personalised to their own preferences. During most visits we saw no concerns with infection prevention and control and could see that the service had acted on previous feedback from relatives on cleanliness standards and had worked to improve this. Standards had been impacted slightly during one evening visit where additional staff availability could have allowed tasks to have been completed in a more timely manner. A nurse call system was in place and it was positive to note that this did not lead to intrusive noise across the home, as alerts were received direct to staff devices via vibration alerts in a discreet manner.

We received very positive feedback from people about the food and could see that there had been recent consideration given to mealtime experiences. The service were also able to evidence that they had listened to relative feedback regarding people's laundry and had implemented new labelling to improve this area. There were numerous lounges and communal spaces that could be freely accessed by people and their relatives. This included a cinema room, hairdressing and accessible outdoor spaces. People's artwork was nicely displayed in communal areas, showing that people were valued and involved. Comfortable chairs were provided in areas where people liked to sit and be part of the home's community. Furniture across the home was fresh and bright and decoration was of a high standard. Equipment was regularly checked and serviced and effective records were in place for ongoing environmental assurances. Overall, people were experiencing high quality facilities.

## 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 service should clarify, and ensure staff adhere to, procedures for administration of medication when a second staff member is required as a witness. This is to ensure that people receive medication at a time that is right for them.

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

'my care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14)

**This area for improvement was made on 11 September 2023.**

#### Action taken since then

This is no longer a concern for the service. The home has grown since our previous inspection and there were additional nurses or senior care assistants on all shifts. There was no new evidence of people having missed or late medication due to a lack of second signatory.

This area for improvement has been met.

#### Previous area for improvement 2

The service should use training and supervision to check that staff are confident in dealing with stress and distress for people.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any vulnerability and frailty' (HSCS 3.18)

**This area for improvement was made on 11 September 2023.**

#### Action taken since then

A high percentage of staff had undertaken training in stress and distress. All care staff had completed dementia training at informed level, and a very high percentage had completed this training to skilled level. The home was also participating in an ongoing project regarding dementia and delirium with an external support team. External professionals we consulted with were positive about the support the home provided in terms of stress and distress.

This area for improvement has been met.

### Previous area for improvement 3

The service should complete their quality assurance documents by further utilising action plans and recording progress. The service should consider streamlining the amount of documentation in place or by having additional availability of staff to support with the tasks.

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

'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 11 September 2023.**

#### Action taken since then

The quality assurance documents that we read were clear and had actions recorded. They included actions and outcomes from resident, relative and staff meetings. We could see that the service had taken actions and shared outcomes following feedback from their own surveys and complaints that had been received. There were appropriate audits happening and a clear and effective service improvement plan was in place.

This area for improvement has been met.

### Previous area for improvement 4

The service should ensure that staff have completed care plan training in terms of the purpose of care plans, and using the online system that is in place.

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

'I have confidence in people because they are trained, competent and skilled, and are able to reflect on and follow their professional and organisational codes' (HSCS 3.14)

**This area for improvement was made on 11 September 2023.**

#### Action taken since then

The service had introduced training on the online care planning system into the induction programme for staff. The deputy manager had become a trainer in the online system and was able to provide ongoing support. The system had become well established within the home.

This area for improvement has 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](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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