# Williamwood
# Care Home Service

Strathay Avenue
Netherlee
Glasgow
G44 3YA

Telephone: 01416 371 168

**Type of inspection:**
Unannounced

**Completed on:**
9 July 2026

**Service provided by:**
Church of Scotland Trading as Crossreach

**Service provider number:**
SP2004005785

**Service no:**
CS2003000821

## About the service

Williamwood provides residential care and support for up to 34 older people, who are living with dementia. This includes one place for respite care. The provider is Crossreach.

The property is a large, detached villa in private grounds. It is located in a residential area in Netherlee, East Renfrewshire. The home provides single ensuite accommodation over three floors, which is accessible by lift and stairs. Residents have access to a private garden at the rear of the home and there are several social areas that residents can enjoy.

At the time of the inspection, 28 people were living in the service.

## About the inspection

This was an unannounced inspection which took place on 7, 8, 9 July from 09:00 to 18:45. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, complaint and registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four people using the service, and four of their family/friends/representatives
- spoke with six staff and management
- reviewed written feedback received from 16 people using the service, and five of their family/friends
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

## Key messages

- People received warm, kind and respectful support from the staff team.
- Some improvement was needed to ensure full compliance in medication management.
- Ensuring well met nutritional needs requires improvement.
- Further improvement was needed to develop quality monitoring systems to ensure continuous improvement.
- Stress and distressed behaviours were well managed and contributed to good 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? | 3 - Adequate |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 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? 3 - Adequate

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

We observed warm, respectful and dignified interactions between staff and people living in the service. People appeared relaxed and comfortable in the company of staff, which reflected positive and supportive relationships. Several people told us that staff were kind and caring, and that they were happy with the care and support they received

Support strategies were clearly reflected in positive behaviour support plans, as well as dementia and mental health care plans. These outlined personalised approaches to supporting people's individual needs and wellbeing. Where additional support was required, referrals had been made to the Community Psychiatric Nurse (CPN), and these were appropriately recorded within care plans. Families and visiting professionals provided positive feedback about the support offered to people living with dementia. We observed warm and positive interactions between staff and residents, and people appeared to be supported in a calm and reassuring way. This helped to promote people's wellbeing and appeared to minimise situations that may have caused them stress or distress.

Medications were generally managed well to ensure people received the right medication at the right time. However, we identified some gaps in the supporting documentation relating to medication management. This meant it was not always possible to clearly evidence that all aspects of medication management were being consistently managed in line with best practice. (See area for improvement 1).

At the previous inspection, we made a requirement to ensure people's nutritional needs were well met. (See requirement 2 in outstanding requirements section of this report).

We have re-stated this requirement and extended the date. This requirement will be assessed again at the next inspection.

### Areas for improvement

1. To enable medications to be managed in line with best practice guidance, the service should ensure all supporting medication paperwork is always fully completed and in place.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

## How good is our leadership? 3 - Adequate

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

A service improvement plan was in place, and was informed by information gathered through audits, Care Inspectorate inspections and care home assurance visit reports performed by the health and social care partnership. It set out areas for development and improvement, with progress being documented and reviewed regularly. Some goals had already been achieved, with most others still in progress.

There was a comprehensive schedule in place outlining when quality assurance audits were to be completed. We found that there had been improvement in the number of audits being undertaken. Completed audits included action plans, and follow-up actions had been identified to address issues and support service development.

However, the management team had been affected by vacancies in the management team. As a result, some audits had not been completed in line with the planned schedule. This meant that quality assurance activity was not always carried out consistently across the service. This reduced opportunities to identify and address areas for improvement in a timely way. Consequently, the service was not always able to fully demonstrate how it was using its quality assurance processes to support continuous improvement.

At the previous inspection, we made an area for improvement relating to the need for effective quality assurance processes. We found that this area for improvement had not yet been fully met. While some progress had been made, further work was required to ensure that quality assurance activities were carried out consistently, and in line with the service's planned arrangements. We will review progress against this area for improvement at the next inspection.

## How good is our staff team? 4 - Good

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

We found that recruitment had been carried out safely and in line with good practice. Staff were consistently completing all mandatory training. Regular staff supervision was in place, and there were team meetings to support the staff team to reflect on and develop their practice. This meant staff were well supported, appropriately trained and able to provide safe and effective care and support for people using the service.

Use of agency staff had reduced since the last inspection, as the service had improved its recruitment success. This meant people experienced greater continuity of care and support from a consistent staff team, who knew them well and understood their individual needs and preferences.

The service used a recognised tool to assess people's level of dependency. This tool also indicated the staffing hours needed to provide people with the care and support they want and need. Information from the tool demonstrated that direct care hours provided had consistently been above the calculated average direct care requirement. This suggested that staffing levels provided flexibility within the rota to support activities beyond direct care delivery and respond to people's individual needs.

The service had introduced a 'Carer Involvement Review' process. This invited carers to share their views on the quality of staff, staff knowledge of their relative, the support provided, how any concerns were responded to and the overall quality of care and support. The management team oversaw the reviews and used the feedback to help inform ongoing service development, and support positive outcomes for people experiencing care.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 09 January 2026, the provider must ensure to maintain consistent and high-quality care, staffing arrangements are sufficient and the reliance on the use of agency staff is reduced.

To do this, the provider must, at a minimum:

a) Review staffing levels and patterns to ensure they meet resident's needs.

b) Develop a recruitment and retention strategy to reduce reliance on agency staff.

c) Monitor the impact of staffing levels on care quality and resident outcomes.

This is in order to comply with: Section 7(2)(c) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: "My needs are met by the right number of people."

**This requirement was made on 12 March 2026.**

**Action taken on previous requirement**
Please see comment under, 'Staffing arrangements are right and staff work well together' section of this report.

**Met - outwith timescales**

#### Requirement 2

By 31 March 2026, the provider must ensure that people's nutritional care needs are well met.

To do this, the provider must, at a minimum:

a) Monitor people's weight as stated within their care plan.

b) Make timely referrals to external health care professionals for assessment and support.

c) Ensure food and fluid intake monitoring is accurate and used to inform the person's treatment plan.

This is in order 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 care and support is consistent with Health and Social Care Standard 3.21: "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm."

**This requirement was made on 27 February 2026.**

### Action taken on previous requirement

To help identify people who may be at risk of poor nutrition, the service used the Malnutrition Universal Screening Tool (MUST). We found that there were opportunities to make fuller use of the information gathered through the tool. This meant that changes in people's weight were not always highlighted as quickly as they could have been, which may have reduced opportunities for earlier review of their nutritional needs.

We found that the completion of food diaries had improved since the last inspection, although, there were still some inconsistencies in recording. Fluid monitoring records did not always include individual intake targets, which reduced the effectiveness of the records in supporting the monitoring of hydration. While staff were encouraging people to drink regularly, the records did not always provide a clear picture of whether recommended fluid intake levels were being achieved.

This requirement has not been met. We have extended this requirement until 4 September 2026.

### Not met

## 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 ensure that there is accurate recording when topical medication is applied. This is to ensure that people are receiving the care they need, and that this can be monitored.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

**This area for improvement was made on 12 March 2026.**

### Action taken since then

Not evaluated during this inspection. Will be reviewed during the next inspection.

### Previous area for improvement 2

The service should ensure that good practice is followed when recording and storing medications to be returned to the pharmacy. This will support the service to minimise discrepancies and errors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

**This area for improvement was made on 12 March 2026.**

### Action taken since then

Medication for return to the pharmacy continued to be stored in a container within the treatment room. Although the container was kept in a cupboard, neither the container nor the cupboard was locked. Returned medications were also not recorded on the returns records in real time. This made effective auditing and the identification of discrepancies more difficult. Overall, returned medications continued to be managed in a way that was not consistent with good practice.

**This area for improvement has not been met and will be reviewed at the next inspection.**

## Previous area for improvement 3

The service should ensure that staff are able to access the information they need to accurately calculate people's MUST scores. This will mean that plans can be put in place to support people with weight loss when needed.

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 12 March 2026.**

### Action taken since then

Please see comments under, 'People's health and wellbeing benefits from their care and support' section of this report.

**This area for improvement has not been met and will be reviewed at the next inspection.**

## Previous area for improvement 4

The provider should ensure that there are effective quality assurance processes in place. This is to ensure that the service can demonstrate continuous improvement and monitoring of the quality of the service provided to people.

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 12 March 2026.**

### Action taken since then

Please see comments under, 'How good is our leadership' section of this report.

**This area for improvement has not been met and will be reviewed at the next inspection.**

## Complaints

There have been no complaints upheld since the last inspection.  Details of any older upheld complaints are published at www.careinspectorate.scot.

## Detailed evaluations

| How well do we support people's wellbeing? | 3 - Adequate |
|---|---|
| 1.3 People's health and wellbeing benefits from their care and support | 3 - Adequate |

| How good is our leadership? | 3 - Adequate |
|---|---|
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |

| How good is our staff team? | 4 - Good |
|---|---|
| 3.3 Staffing arrangements are right and staff work well together | 4 - Good |

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