

Four Hills Care Home Care Home Service

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Ruchill
Glasgow
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Telephone: 01413 368 050

Type of inspection:
Unannounced

Completed on:
13 May 2026

Service provided by:
Barchester Healthcare Ltd

Service provider number:
SP2003002454

Service no:
CS2007142905

About the service

Four Hills Care Home is registered to provide a care service to a maximum of 120 older people. The provider is Barchester Healthcare Ltd.

The home is purpose-built and is located within Ruchill, in the north area of Glasgow. Accommodation is located within four separate units over two floors, which can be accessed by a lift. All bedrooms are single, with ensuite toilets, and each unit has their own communal facilities.

Communal areas, out with the units, provide space for residents and their families and friends to enjoy visits. These include a coffee station and an enclosed rear garden on the ground floor, and a café area on the first floor.

The home has a car park to the front, and nearby public transport links and public amenities.

There were 116 people living in the home at the time of this inspection.

About the inspection

This was an unannounced inspection which took place on 11, 12 and 13 May 2026, between the hours of 07:00 and 21:00. The inspection was carried out by three inspectors and an inspection volunteer from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, complaints information and information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 18 people living in the home and received feedback from one person living in the home through a pre-inspection questionnaire
- spoke with 20 relatives and received feedback from 16 relatives through a pre-inspection questionnaire
- spoke with 38 staff and the management team
- observed practice and daily life
- reviewed relevant documentation
- spoke with one visiting health professional and the local authority commissioning team.

Key messages

- We observed very positive interactions between staff, people living in the home and their relatives.
- There was a positive staff culture across the home.
- The service's quality assurance systems needed to demonstrate continuous improvement, learning and sustainability.
- The caring of people's personal belongings needed to improve through ongoing monitoring and reviewing of systems and practice.

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 leadership?	4 - 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?

5 - Very Good

We evaluated this key question as very good, where the service's performance demonstrated major strengths in supporting positive outcomes for people.

We observed very positive interactions between staff, people living in the home and their relatives. The atmosphere throughout the home was relaxed and calm, with staff who were seen to be respectful, warm and caring.

We could see there had been a turnover of staff, since the last inspection, however this had now settled and we found staff teams in each unit to be knowledgeable about people's needs and how to meet these. The majority of people spoken with felt they got on well with staff, staff knew what they were doing and worked well together, 'staff in unit very good, in fact most excellent', 'really happy with everything here, I'm here every day and feel welcome', 'all staff been great', 'my relative is well looked after'. Relatives were also confident that staff would contact them if needed, one relative said, 'when it comes to my relatives care I have always been informed'.

How people spend their day is important in maintaining people's physical and mental wellbeing. The provider operated a 'Life enrichment' programme, with weekly and monthly plans, including a variety of planned inhouse activities, one to ones and outings. We saw people participating in activities throughout our visit, lead by activity and care staff. We were aware of music playing within units which promoted a calm atmosphere but was also used for singing, dancing and exercises. There were a number of available resources, within the units activity rooms, and evidence of regular outings, with a Barge outing during our visit, and it was evident that people had enjoyed their trip. People were also seen to have supported time outside, in the garden and some one to one time in bedrooms. Individual engagement and outcomes of participation were seen reflected in people's personal plans. Relatives told us, 'they work really hard with entertainment', 'the staff are great and they spend time with my relative and include them in activities'.

People have the right to appropriate healthcare. We found staff handovers, especially day to night staff, were detailed and informative, and we saw that there were systems in place to assess and monitor people's health and wellbeing needs. We saw evidence of good management of people's wounds and weights. All clinical issues were discussed at the daily staff 'stand up' and regular clinical governance meetings, and improvements were evident.

Referrals to and input from relevant healthcare professionals such as, care home liaison nurse (CHLN), GP, optician, dentist and chiropodist were also evident. The health professional, spoken with during the inspection, confirmed appropriate referrals, regular contact with the service's clinical lead and knowledgeable staff who followed their advice. This helped to ensure that people were getting the right care for them.

Medication practice was found to be overall safe, with appropriate records and checks in place. Medication auditing and monitoring continued to be carried out by management. However, we became aware of an issue in relation to the recording of medication returns and management agreed to review this to ensure expected practice was being followed throughout the home.

We observed people's mealtime experiences and found these to be positive and calm experiences. Dining rooms were overall well presented, with nicely set tables and menus, and people were provided with

relevant support to eat and drink, including people who took meals in their bedroom. Meals looked appetising and people were offered seconds, and 'show plates' were used to provide people with a choice of meals. An alternative menu was also available.

However, we noticed that textured diets were not always well presented and it was not evident if people were offered a choice or meals were tailored to people's preferences. We also noticed that tables were sometimes less well presented, especially at evening mealtimes, and the completion of the 'food and beverage comments' books varied between units. Management agreed to review these through their ongoing auditing processes and the recruitment of their new head chef.

How good is our leadership?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

People should have confidence that the service and organisation that they use are well led and managed. As previously stated there had been a turnover of staff, since the last inspection, including the registered manager and unit managers. However, there had been consistent oversight from the Operations manager, depute, clinical lead and administrator.

During the inspection, there was evidence of a continued positive staff culture across the home and the management team were seen to be approachable and available to support staff where required.

We saw that there was a quality assurance system in place which included a variety of processes and management overview which helped to assess any areas for improvement. Regular audits were completed by the management and quality teams. Monthly clinical governance and daily 'stand up' meetings helped to highlight any current concerns and how these were being addressed. Any actions were fed into the Continuous action plan, which helped to monitor progress.

The management team had completed a core assurance self-evaluation which reflected the systems in place and how any learning, actions taken or planned would improve outcomes for people. We suggested that the development of a self-evaluation, linked to the quality framework, would help to demonstrate what the service does well and what they could do better.

We saw that regular feedback was sought from people living in the home, their relatives and staff, through meetings, surveys, and reflected in the 'You said...We did' process. We met the 'Resident Ambassador', who lived in the home and was passionate about their role in giving people a voice and being involved in ongoing improvements.

Complaints and incidents were seen to be reported, investigated and managed as expected. However, it was not always clear if themes were discussed, with the wider staff team, on how to resolve any concerns or issues and the learning outcome. Management confirmed that they were considering ways to implement this. Feedback from relatives was mixed, 'I can see improvements since last year and management do act when issues are raised', 'we feel that families are encouraged to air their grievances or issues, however in past experience nothing actually changes'.

Housekeeping and laundry staff were aware of expected practice and seen to carry this out, particularly in relation to infection prevention and control. Regular audits were also completed to ensure standards were

maintained. However, we received a number of comments in relation to the management of people's laundry. We saw that similar comments had also been received by the home and from our review of the current laundry system, improvements were needed. Some relatives told us that they took washing home as a result, 'the laundry service requires improvement as clothes and bedding go missing', 'laundry could be better, the staff who do the laundry are fantastic but there are occasions when items get mixed up or go missing', 'my relative is frequently dressed in clothing that doesn't belong to them', 'some of their clothing is missing and they have other people's clothes in their wardrobe and drawers'.

The home was found to be clean, tidy and odour free. We were aware that there had been significant investment in the home's refurbishment last year and this was continuing with some bedrooms being 'freshened up'. However, it was evident that some bedrooms, including ensembles, were still in need of refurbishment. Some relatives told us, 'very comfortable and clean and my relative appreciates the homely feel', 'lovely surroundings', 'in general the home is clean', 'some bedrooms could do with being refurbished'.

Management acknowledged the laundry and refurbishment comments and were committed to addressing these. However, we had made an Area for Improvement at the previous inspection and due to similar areas being raised by people, it was difficult to see sustained improvements in all areas. Therefore, the Area for Improvement has been rewritten to reflect the areas met and the areas still to be improved (see Area for Improvement 1).

Areas for improvement

1. To ensure that people experience a service which is well led and managed, and which results in better outcomes for them, the provider and manager should ensure that:

- a) the service's quality assurance system supports and demonstrates a culture of continuous improvement and learning
- b) the monitoring and reviewing of systems and practice in relation to caring for people's personal belongings continues
- c) feedback from people who use and work within the service continues to inform the identified improvements
- d) the achieved outcomes and benefits, for people living in the home, are evidenced
- e) the development of a self-evaluation, linked to the quality framework, demonstrates what the service does well and what they could do better.

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); and

'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).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support, as well as details of personal interests and preferences. An electronic personal plan system had been introduced, since the last inspection, and the personal plans viewed, contained information which was detailed, person-centred and reflected people's life histories, preferences and routines. We saw that relevant care plans and risk assessments, were in place and regularly updated, and informed staff practice on how people's care and support was to be provided. The majority of information was also seen to be up to date and we highlighted one occasion where we found that information had not been updated throughout the plan.

Daily notes and related care documentation, including oral hygiene, food and fluid intakes and Resident of the Day(ROD) were well completed and gave a good overview of how people had been supported. There were also 'Person in charge' checks carried out throughout the day which helped ensure that the planned care had been carried out and to monitor that food and fluid intakes were achievable for that day.

Quality assurance systems, such as personal plan audits, helped to highlight any areas of change or improvement, on an ongoing basis, which need to be addressed.

The majority of care reviews were seen to be held six monthly and involved people and their families. Management acknowledged that some were overdue and were working to rectify this.

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

There should be an accurate and comprehensive plan in place when a person loses weight. Staff should be aware of the records to complete and the actions to take when a weight loss is identified.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 23 July 2025.

Action taken since then

We could see that there were systems in place to monitor people's weights. Any concerns were recorded and monitored, with the use of high calorie foods, food fortification, nutritional supplements, weekly weights and MUST step 5, to improve people's weights.

The management of weight loss was supported also by GPs, dietitians and the Care Home Liaison Nurse(CHLN). The health professional, spoken with during the inspection, confirmed that they had confidence in how people's weights were managed.

This Area for Improvement has been met.

Previous area for improvement 2

To ensure effective communication between the service provider, families, legal guardians and relevant individuals, the care plan should clearly identify who should be contacted and when they would like to be contacted.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

This area for improvement was made on 29 August 2025.

Action taken since then

We could see that personal plans reflected people's next of kin and if any powers such as Power of Attorney or Guardianship were in place.

We also saw regular communication recorded, with people's next of kin, where there was a change in people's care and support and reviews of their care, such as, 'Resident of the Day' and six monthly care reviews.

This Area for Improvement has been met.

Previous area for improvement 3

To ensure that people experience a service which is well led and managed, and which results in better outcomes for them, the provider and manager should ensure that:

- a) the service's quality assurance system supports and demonstrates a culture of continuous improvement
- b) the monitoring and reviewing of systems and practice in relation to housekeeping staff knowledge and records, and people's personal belongings continues
- c) feedback from people who use and work within the service informs the identified improvements
- d) the achieved outcomes and benefits, for people living in the home, are evidenced
- e) the development of a self-evaluation, demonstrates what the service does well and what they could do better.

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); and

'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).

This area for improvement was made on 19 June 2025.

Action taken since then

We saw that there was a quality assurance system in place which included a variety of processes and management overview which helped to assess any areas for improvement. Regular audits were completed by the management and quality teams. Any actions were fed into the Continuous action plan, which helped to monitor progress.

Housekeeping and laundry staff were aware of expected practice and seen to carry this out. Regular audits were also completed to ensure standards were maintained. However, we received a number of comments in relation to management of people's laundry. We saw that similar comments had also been received by the home and from our review of the current laundry system, improvements were needed.

We saw that feedback was sought from people living in the home, their relatives and staff, on a regular basis, through meetings, surveys, and reflected in You said...We did. We met the Resident Ambassador, who lived in the home and was passionate about their role in giving people a voice and being involved in ongoing improvements.

A Core assurance self-evaluation had been completed which reflected the systems in place and how any learning or actions taken/planned would improve outcomes for people.

However, due to some areas continuing to be raised by people, it was difficult to see sustained improvements in all areas. Therefore this Area for Improvement will be rewritten to reflect the areas met and the areas still to be improved.

See 'How good is our leadership?', Area for Improvement 1.

Previous area for improvement 4

To ensure that personal plans and care records support good outcomes for people, including but not limited to continence support and people who experience stress and distress, the provider and manager should ensure that:

- a) all care plans and risk assessments contain relevant detail which reflects how people's needs will be met
- b) all associated care records are fully completed timeously and quality assured.

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;

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 19 June 2025.

Action taken since then

An electronic personal plan system had been introduced since the last inspection.

We could see that relevant care plans and risk assessments were in place and regularly reviewed. The majority of information was also seen to be up to date and we highlighted one occasion where we found that information had not been updated throughout the plan.

Records in relation to the personal care provided, including oral hygiene, food and fluid intakes and Resident of the Day (ROD) were evident. There were also 'Person in charge' checks carried out throughout the day which helped ensure that the planned care had been carried out, and to monitor that food and fluid intakes were achievable for that day.

ROD reflected an overview of the previous month, any health input or concerns and what meaningful engagement people had been involved in. Input from other staff members such as housekeeping, maintenance, laundry, catering and key worker was also evident. Management had oversight of this and was signed off when completed.

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
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - 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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