Hillside View Nursing Home
Care Home Service

8 Nethercraigs Road
Paisley
PA2 8UE

Telephone: 01418 848 555

Type of inspection:
Unannounced

Completed on:
4 June 2026

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300713

About the service

Hillside View Nursing Home is a care home service for up to 57 adults. The provider is HC-One Ltd.

Hillside View is situated below the Gleniffer Braes, in a residential area on the outskirts of Paisley. The home is modern and purpose-built. All rooms are for single occupancy and have ensuite facilities. Bath and shower facilities are shared.

The home has two floors, with a separate unit operating on each floor. Each floor has communal spaces for dining, activities and quiet time. The service also benefits from an accessible enclosed garden.

The Glenfinnan community on the upper level supports people aged 65 and over, who are living with dementia. The Caledonian community on the lower floor supports people over 45 with alcohol related brain damage or alcohol related dementia/Korsakoff's disease. This also includes a short stay service.

54 people were supported by the service at the time of inspection.

About the inspection

This was an unannounced inspection which took place from 01 to 04 June 2026 between the hours of 07:00 and 21:00. 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 15 people using the service and 14 of their family.
- Spoke with 21 staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with two visiting professionals.
- Reviewed survey responses from six relatives, 16 supported people, and 13 visiting professionals.

Key messages

People's health and wellbeing was managed well and people had good access to health professionals.

Staff knew people well, treated them with kindness, and shared information appropriately to support their wellbeing.

Medication processes were safe, but protocols for 'as required' medication needed to improve.

Leaders used quality assurance processes well to drive change and improvement in the service.

Staff were deployed effectively to meet people's needs but oversight of stress and distress incidents was not always effective.

Personal plans were used well to ensure people's needs, preferences and outcomes were understood and addressed.

People's rights were respected and they were enabled to take positive risks to promote their independence and wellbeing.

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. Major strengths in management of health and wellbeing supported positive outcomes and experiences for people.

Support was based on comprehensive assessment and personal plans were regularly updated as people's needs changed. The service used a range of assessment tools to ensure people's health was appropriately monitored. Skin integrity, weight loss, dietary, and swallowing changes were all well managed with clear systems for identifying changes and sharing information. Effective clinical oversight helped to ensure health changes were identified quickly and advice taken from the right professionals. The service was led by experienced and competent nurses who understood their responsibilities and knew when to seek advice from external health colleagues. Feedback from health professionals about the service was very positive. One professional told us 'Staff are very approachable during visits. Referrals to our service are appropriate and well documented'. This assured us that people had access to the right healthcare support to keep them safe and well.

Staff knew people well and treated them with kindness and compassion. Staff were deployed effectively and had clear guidance to ensure people's health, wellbeing and personal care needs were met throughout the day. Staff were able to describe people's needs and preferences and were confident in their interactions with people. Regular daily meetings and good recording of information helped to ensure information was shared within the staff team and that any changing needs were addressed quickly. Clinical tools were used effectively to assess health changes and to guide staff about the right actions to take if someone's health was deteriorating. Food and fluid intake, bowel monitoring and stress and distress were monitored only when required, based on assessment of need. This helped to ensure people had the right level of support and monitoring that was not overly intrusive. This assured us that staff were responsive to people's health needs.

The service had a positive approach to supporting mobility and exercise for people, and had appropriate, enabling risk assessments in place to support this. People enjoyed attending weekly strength and balance classes which were tailored to their needs and abilities. People living in the Caledonian community had been involved in improving the garden area which provided opportunities for meaningful activity. We asked the provider to ensure there is sufficient support for people living in the Glenfinnan community to access the garden.

Medication support was well managed. An electronic medication administration (eMAr) system was used to ensure people's medication was administered as prescribed. All staff responsible for medication administration had completed training and competency assessments. The medication process was overseen by the leadership team and any medication errors investigated appropriately. There had been no serious medication errors or discrepancies. This assured us that the correct processes were in place, to ensure safe medication practice. Where people required 'as required' medication, protocols for this were not always detailed enough to inform decision making. See area for improvement under 'How good is our leadership'.

People had access to a range of freshly prepared food that was appropriate for their dietary needs. Where people required modified diets due to swallowing issues, there was clear and detailed information recorded in their personal plans. These meals were prepared by the kitchen and labelled appropriately. Staff serving the meals had access to clear information about dietary needs and preferences, and had completed appropriate training.

This meant we could be assured appropriate safeguards were in place, to reduce the risk of choking. The dining rooms were busy at mealtimes which meant staff needed to be vigilant to the needs of people with a range of complex health conditions. We asked the leadership team to continue to monitor and improve the mealtime experience, to ensure it was relaxed and enjoyable for everyone. See area for improvement under 'How good is our leadership'.

How good is our leadership? 4 - Good

We evaluated this key question as good. A number of important strengths in leadership had a significant positive impact on people's experiences and outcomes. These strengths clearly outweighed areas for improvement.

A range of well managed quality assurance processes helped to ensure good practice standards were maintained. Regular audits of clinical assessments, personal plans, medication, accidents and incidents, the environment, and staffing arrangements enabled the leadership team to maintain an oversight of the quality of the service. Where follow up actions were required, these were carefully recorded and assigned to the appropriate team member. Whilst we saw improvements following on from audits, it is important to consider key activities such as mealtimes, to ensure the support provided is consistent. This will contribute to ongoing development of the service. See Area for Improvement 1.

Roles in the service were clearly defined and processes for sharing information were clear. Staff members were confident to seek support from seniors and knew when to escalate or discuss changes in people's needs or presentation. This meant that staff had access to the right support to ensure people's needs were met.

Where external guidance or professional input was required to guide improvements in the service, the leadership team were proactive about reaching out for this support. This assured us that leaders were open to learning and were driving a culture of continuous improvement in the service.

Families and professionals told us that there was a positive, solution focused approach from the leadership team, which helped them to feel confident that any concerns would be addressed.

Regular observations of staff practice, 'growth conversations' and good quality training helped to ensure staff development was encouraged. This meant that the management team could be assured that staff were engaged in learning, to develop their skills and competence. This supported positive outcomes for people.

Instances of stress and distress had reduced due to changes in deployment of staff. We asked the leadership team to continue to develop oversight of these incidents in order to analyse why they take place and what action should be taken. See 'What the service has done to meet any requirements we made at or since the last inspection'.

Areas for improvement

1. To continue the improvement journey, the management team should ensure oversight of key activities such as mealtimes is effective and efficient.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19).

How well is our care and support planned? 4 - Good

We evaluated this key question as good. A number of strengths in personal planning contributed to positive outcomes for people. These strengths clearly outweighed areas for improvement.

Detailed personal plans were in place for everyone using the service. Personal plans contained a range of person-centred information that reflected people's needs, outcomes and preferences. People and their families had been involved in developing their plans but this was not always well recorded. Some people using the service would be able to contribute to developing their plans in more meaningful ways. Leaders recognised this and we were assured that steps were being taken to involve people more meaningfully with the support of the wellbeing team. In some instances, the complexity of people's needs and the outcomes they wanted to achieve were not captured as well as they could be. Having clearly defined outcomes can help people to understand the role of the service in their lives and how they can work with the service to achieve their aspirations.

People's rights were well reflected in their personal plans. The service had obtained appropriate legal documentation such as power of attorney and Guardianship documents. This is important as it helps to ensure people's legal rights are upheld. Recording and assessment of risks was well managed. Risk assessments were enabling and clearly reflected where there had been input from people, their family members and professionals. This helped to ensure people were able express their views and take risks that were understood and agreed. Care plans were updated monthly or as people's needs changed. We encouraged the service to make these monthly reviews more robust to better reflect people's achievements or changes over the month. This helps to ensure that individual care plans remain meaningful and accurately reflect people's current needs and desired outcomes.

Regular six monthly reviews were taking place to ensure that the service continued to meet people's needs. Reviews were planned in advance and led by senior care workers or nurses. The leadership team had made improvements to the review process and had supported the seniors and nurses to develop their knowledge and skills to lead reviews effectively. People, families and professionals told us that recent reviews were helpful and organised. One professional told us 'Staff supported the person during the review to identify their priorities and to personalise essential plans. They had a good understanding of the person, their preferences and support needs'. This assured us that reviews were person-centred and meaningful. The tracker used to ensure six monthly reviews were completed on time was not fully up to date. The manager took action to address this during the inspection.

The leadership team were aware of where further improvements were needed to personal planning and this was clearly outlined in the service improvement plan and the manager's self-assessment of the service. We were confident that personal planning would continue to develop and improve due to effective leadership oversight.

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

To support people's safety and wellbeing, the provider should ensure that the clinical assessment tool used to identify deterioration in people's health (RESTORE 2) is used consistently and in line with best practice. Staff responsible for using clinical tools should receive appropriate training, and there should be effective oversight through audit processes to ensure they are applied correctly.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

This area for improvement was made on 17 July 2025.

Action taken since then

RESTORE 2 training had been rolled out across the service. The RESTORE 2 tool was being used in line with best practice to identify changes in people's health. Assessments were regularly updated and shared at daily handover and leadership meetings, to ensure effective oversight of people's changing health needs.

This area for improvement is met.

Previous area for improvement 2

To support people's wellbeing and ensure safe responses to stress and distress, the provider should assess and analyse how stress and distress events are managed. Leaders should use this information to identify patterns and implement solutions that meet people's individual needs.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: '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'. (HSCS 3.21).

This area for improvement was made on 17 July 2025.

Action taken since then

Where people experienced instances of stress or distress, this was clearly outlined in their personal plans. This information was threaded throughout the personal plans to help staff understand how to respond appropriately. Where required, health professionals, such as community psychiatric nurses, had been consulted and their advice was recorded in personal plans. Staff were regularly recording and sharing changes in people's wellbeing and presentation. For some people, the information in their personal plan did not clearly guide staff about the appropriate actions to take to manage stress and distress incidents. More effective oversight of stress and distress incidents was needed to ensure appropriate plans were in place to support people's wellbeing.

This area for improvement is not met.

Previous area for improvement 3

To ensure people's needs are managed consistently, the provider should ensure staff are deployed effectively. Sufficient skilled staff should always be available to support people. Staff deployment should take account of how and when administrative tasks will be completed, to ensure people have sufficient supervision and support.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: 'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity'. (HSCS 4.17).

This area for improvement was made on 17 July 2025.

Action taken since then

A new electronic personal planning system was in place which had reduced the time staff needed to spend completing paperwork. Monitoring records and daily records were being completed in 'real time' which helped to ensure information was always up to date. Staff deployment was led by the senior staff member in each unit. This was monitored throughout the day to ensure staff were responding to people's needs. Staff were clear about who they were responsible for during each shift and were encouraged to participate in discussions about deployment. This helped to ensure people had the right level of support to meet their needs.

This area for improvement is met.

Previous area for improvement 4

To promote wellbeing for people and staff, the provider should ensure all communal and staff areas are clean, fresh, and well maintained.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.22).

This area for improvement was made on 17 July 2025.

Action taken since then

The service was generally in good order, was tidy, clean and fresh throughout. The laundry and storage areas were tidy and well-ordered. Staff areas had been refreshed with fresh paint and furniture which made these areas more pleasant for staff to relax during break times. Staff corridors had been painted. Some carpeting in the staff corridors was becoming worn due to the high traffic in these areas. The provider acknowledged this during the inspection. Replacement of these carpets was included in the service environmental improvement plan.

This area for improvement is met.

Previous area for improvement 5

To keep people safe, the provider should ensure appropriate assessments are carried out when there are significant changes in their health or wellbeing.

Personal plans should clearly show when assessments were completed, how risks will be managed, and who was involved.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: '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'. (HSCS 3.21).

This area for improvement was made on 17 July 2025.

Action taken since then

Personal plans were in place for everyone in the service. Key assessments were completed and updated as people's needs changed. Risk assessments were generally in place where required. Involvement of professionals and family members was evident in the care planning system. We identified a few areas where personal plans could be clearer, to ensure staff have clear written guidance. Good quality handover information, effective twice daily leadership meetings and good leadership on the floor helped to ensure people had the right care and support when they needed it.

This area for improvement is met.

Complaints

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.scot

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.