

Springvale Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
27 November 2025

Service provided by:
Springvale Care Limited

Service provider number:
SP2018013254

Service no:
CS2018372196

About the service

Springvale Care Home for older people is located in the main street of Lennoxton in East Dunbartonshire. The home is near to local shops and bus routes. The service can provide care for up to 95 older people. The service operates from a two-storey building, with two units on the ground floor, and two on the first floor. All bedrooms are single with en-suite toilet and shower facilities. The care home offers a choice of sitting and dining areas. Additionally, the home has a café area, a private dining room, and a cinema room for people and their families to use. People have access to outdoor space on both floors. There are enclosed garden areas at ground level, and balconies on the first floor, providing outdoor sitting areas. There were 93 people living at the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 25 and 26 November 2025 between 09:30 and 17:00. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with eight people using the service and considered two returned questionnaires
- spoke with six family members and considered 15 returned questionnaires
- spoke with 12 staff and management and considered 25 returned questionnaires
- observed practice and daily life
- reviewed documents
- considered feedback from two external health professionals.

Key messages

- People had good social opportunities and were involved in community life.
- Staff were hardworking, kind and compassionate with evidence of good relationships with both people and relatives.
- The management team had good oversight of all clinical needs and directed staff well. This supported ensuring people's care and support needs were met.
- Staff worked well together and spoke highly of the management team.
- The environment supported people's independence and actions were in place for ongoing improvements.

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?	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 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 experienced very good health outcomes due to staff's strong knowledge and proactive care. Any health deterioration was identified promptly, and appropriate professionals were notified without delay. This timely intervention helped maintain and improve overall wellbeing. Relatives' views were actively sought, contributing to a holistic and person-centred approach to care. Comments from people included;

"I love staying here, they feel like my new family."

"I enjoy the home baking."

"Staff are very kind."

People benefitted from having access to a varied, well-balanced diet. Overall, the dining experience promoted choice. The environment was calm and welcoming, enhanced by background music, and people were able to select their preferred seating arrangements. Interactions observed during mealtime were kind and attentive that contributed to a positive social atmosphere. Most individuals enjoyed their food. There was clear oversight of people's weight. People were weighed regularly with dietician advice sought and acted upon when this was required. One relative commented " My mum's health has improved greatly since moving to the home. Her diet has improved and she is now a healthy weight." People were not always supported with hand hygiene prior to meals to promote their dignity and respect, and support infection prevention and control. We spoke to the management team in relation to this and were reassured action was being taken to address this concern.

The service evidenced a person-centred approach to prevent falls. This enhanced mobility and confidence. Accidents and incidents were consistently recorded, and follow-up actions were implemented where relevant and necessary to reduce risk of reoccurrence. There was evidence of activity that promoted physical movement on a regular basis.

There was a range of indoor social activity that supported mental wellbeing. Good links with the community were in place, such as church services, visits to local cafes, and entertainment. Some people told us they would like more trips out on the minibus. One relative commented "We were able to use cinema room set up with balloons etc. On my parents' anniversary the staff set up the private dining room, it was lovely."

Regular reviews and updates to risk assessments took place to ensure they remained current and effective to support people's health and wellbeing. At times some of these records could have been more detailed, this was discussed with the management team.

The service demonstrated a strong person-centred approach to falls prevention through regular mobility enhancing activities, effective daily flash meetings, appropriate escalation to specialist teams, consideration of nutrition-related risks, and meaningful involvement of families and people experiencing care. Additionally, targeted staff training delivered by qualified professionals strengthened knowledge and practice, contributing to reduced frequency and severity of falls and improved confidence and independence.

We sampled medication records for people and viewed internal and external medication audits. These records told us that people received their medication promptly and efficiently and medication was reviewed

regularly. There were good links with external health professionals to support review of medication and people's health needs. Health professionals told us:

"Springvale is pro-active in requesting reviews, and families participate in the majority of reviews. I have noted that the care plans are reviewed regularly."

"The unit managers and nurses have a good knowledge of the people they look after and their families. I have always witnessed warm interaction between staff and residents."

How good is our setting?

4 - Good

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

The home was found to be warm and welcoming. It was clean and fresh in most areas with housekeeping staff visible.

All statutory service checks were in place relating to utility services and equipment. Daily maintenance procedures were in place alongside other scheduled routine tasks. This provided a safe and well maintained environment. One relative told us "I am happy with my family member's room, and happy with staff. Handy man is very responsive."

People had the equipment they needed to support them, this included specialist chairs and mobility equipment. To support the safety of people, monitoring equipment for movement was in place with appropriate consents. This included wireless equipment to support people's needs. We found this supported a person-centred approach and supported risk reduction.

We discussed some of our walk round findings with management, such as unlocked hazardous areas, door codes being written on doors, and residents names missing from doors. Immediate action was taken during the inspection to address this. We asked the service to consider the personalisation of people's doors to promote orientation. A comment from a health professional highlighted the environment supported the building of relationships between people and staff. They stated "the setting is divided into relatively small units each with its own character, and I think this creates a sense of community to the residents who live there. The units are relatively small, and staff and residents can get to know each other well."

We found that for a small number of people, the cleanliness and tidiness of their rooms and en-suites had fallen below expected standards. This was immediately addressed during the inspection. Some communal bathroom areas were awaiting refurbishment; the toilets were still in use in these bathrooms. We reminded the management team to ensure that these toilets were replenished with appropriate items, to support infection prevention and control practices.

Some relatives identified improvements, these included:

"Improved and tidier seating areas for visits."

"Kitchen area in unit could be cleaned better, sometimes dirty dishes left in sink."

"For bed to be made up at all times, and when available, in (their) own bedding. Flimsy duvets."

We saw good evidence of environmental walk rounds taking place with associated actions in place where required. Outside space could be accessed independently for some people. A family member told us "My relative is thriving within the environment."

The laundry service used the correct temperatures and products, and housekeeping staff were aware of their responsibilities. Training was up to date for infection prevention and control.

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 maintain and monitor people's health and wellbeing, all daily monitoring charts including, but, not limited to topical medicines administration sheets, should be accurately completed in line with assessed need and/or prescriber's instructions.

This is to ensure care and support is consistent with Health and Social Care Standard (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 7 June 2024.

Action taken since then

We sampled topical medicines recording, and this evidenced people had their creams applied at the right times and frequency.

This area for improvement has been met.

Previous area for improvement 2

To make sure, and evidence that people's needs are being fully met, the service should ensure people's support and care tasks are fully detailed, and agreed supports are carried out and recorded in line with identified needs.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19) and '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).

This area for improvement was made on 7 June 2024.

Action taken since then

We found the records to be well recorded with regard to the care and support people needed. We did not have concerns about missed support or delays in this being provided. The daily management and nurses meeting discussed residents who were being treated for infection, or who required intervention with other health professionals. These meeting discussions were very detailed, and it was evident the needs of people were being monitored closely and responded to without delay.

This area for improvement has been met.

Previous area for improvement 3

To support people's safety and promote their health and wellbeing, the manager should ensure that staff base decisions about supervision on up-to-date risk assessments, particularly following incidents such as falls. While individual preferences and dignity are important, they must be balanced appropriately with clinical risk and safety considerations.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 23 July 2025.

Action taken since then

The service demonstrated a strong person-centred approach to falls prevention through regular mobility-enhancing activities, effective daily flash meetings, appropriate escalation to specialist teams, consideration of nutrition-related risks, and meaningful involvement of families and people experiencing care. Additionally, targeted staff training delivered by qualified professionals strengthened knowledge and practice, contributing to reduced frequency and severity of falls, and improved confidence and independence.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) 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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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