

Hatton Lea Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
8 July 2025

Service provided by:
HC-One No. 1 Limited

Service provider number:
SP2016012770

Service no:
CS2016349817

About the service

Hatton Lea Nursing Home is a home registered for 150 older people, 90 of whom may have mental health problems. The provider is HC-One Oval Limited.

Hatton Lea Nursing Home is housed in five separate purpose-built bungalows that can accommodate 30 people. Currently, only two units are in operation. These two units are for older people either living with dementia or physical frailty and are funded using mainstream funding methods.

There were 57 people living in the care home at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 8 July 2025 between 09:00 and 14:30. The inspection was carried out by two inspectors from the Care Inspectorate. This inspection was to follow up on the requirement and two areas for improvement made at the previous inspection on 9 April 2025. 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 staff and management.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- Improvements had been made to ensure that people were supported to have food and drink that meets their needs and wishes.
- Quality assurance systems were now back in place to monitor standards and drive improvements.
- People could be assured they had a personal plan in place to guide staff on how to care and support them, and that completed risk assessments were used to inform these.

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?	4 - 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?

4 - Good

We made a requirement in April 2025 for the service to ensure that people were supported to have food and drink that meets their needs and wishes. We sampled this across the care home and found that people who were identified as at risk of malnutrition could now be assured that the service had systems in place to support them. This included the provision of a fortified diet, the completion of food/fluid charts and a robust management overview. This requirement has been met.

Information under Key Questions 2 and 5 are also relevant here.

Because we could see better outcomes for people as a result of the improvements made, we have re-assessed the grade for quality indicator 1.3 from an 'adequate' to a 'good'.

How good is our leadership?

4 - Good

We made an area for improvement in April 25 that the service should ensure that the provider's governance and oversight systems are fully utilised. We found that quality assurance systems were now back in place to monitor standards and drive improvements. This area for improvement has been met.

Information under Key Questions 1 and 5 are also relevant here.

Because we could see better outcomes for people as a result of the improvements made, we have re-assessed the grade for quality indicator 1.3 from an 'adequate' to a 'good'.

How well is our care and support planned?

4 - Good

We made an area for improvement in April 25 that the service should ensure each service user has a personal plan in place to guide staff on how to care and support them, and that completed risk assessments were used to inform each resident's personal plan. We sampled these across the service and found that these were now in place. This area for improvement has been met.

Information under Key Questions 1 and 2 are also relevant here.

Because we could see better outcomes for people as a result of the improvements made, we have re-assessed the grade for quality indicator 1.3 from an 'adequate' to a 'good'.

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

Requirements

Requirement 1

By 29 June 2025, the provider must ensure people are supported to have food and drink that meets their needs and wishes.

To do this the provider must, as a minimum, ensure that:

- a) People identified as having a MUST score of 1 or above and therefore at risk of malnutrition are offered a food fortified diet throughout the day.
- b) Staff are trained in food fortification and how to support people to eat and drink well.
- c) Food and fluid charts are completed and retained to allow for further assessment and to provide evidence that first line interventions have been implemented.

This is to comply with Regulation 4(1)(a) and (b) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37).

This requirement was made on 9 April 2025.

Action taken on previous requirement

Please see information under Key Question 1.

Met - within timescales

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 promote good outcomes and to minimise the risk of poor outcomes, the service should ensure that governance and oversight systems in place to identify risks contain correct and up to date information. Staff should have the skills, capacity and systems in place to identify risks, plan appropriate actions to address

these and drive improvement.

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 9 April 2025.

Action taken since then

Please see information under Key Question 2.2.

This area for improvement has been met.

Previous area for improvement 2

To support people's health and wellbeing and improve the quality of their day, the service should ensure that each service user has a personal plan in place, to guide staff on how to care and support them, and that completed risk assessments are used to inform each residents personal plan.

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).

This area for improvement was made on 9 April 2025.

Action taken since then

Please see information under Key Question 5.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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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