

# Cochrane Care Home

## Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
26 June 2025

**Service provided by:**  
SCCL Operations Limited

**Service provider number:**  
SP2014012299

**Service no:**  
CS2014326137

## About the service

Cochrane Care Home is registered to provide support to older adults over the age of 65 and two named people under 65. The provider of the service is Silverline Care Caledonia Limited, and the home is currently managed by the Anavo Group.

The service is situated nearby a residential area in Johnstone, with close proximity to bus routes and local amenities. At the time of the inspection there were 61 people supported by the service.

The purpose-built home is set on two levels and is divided into four units. Bedrooms have ensuite shower rooms and residents have access to communal bathrooms and toilets. Each unit has a kitchen pantry, dining room and lounge. A lift provides access to the upper floors. The home is surrounded by large secure and accessible garden areas.

## About the inspection

This was an unannounced inspection which took place on 24 and 26 June 2025 between the hours of 09:00 and 20:00. 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, complaints, information submitted by the service, intelligence gathered since the last inspection and observations of practice and daily life.

In making our evaluations of the service we spoke with:

- eight people using the service and one of their family members
- fourteen staff and management.

We also took into account responses gathered from a total of 60 Care Inspectorate surveys. These were completed by people and their families, staff and visiting professionals.

## Key messages

- We followed up on four areas for improvement, all of which were met at this inspection. We have made two new areas for improvement.
- People experienced compassionate and dignified care and support.
- Positive relationships with staff contributed to people's sense of wellbeing.
- Families were actively involved in decisions and kept informed about their relatives care.
- Improvements were needed to ensure staff had access to up to date guidance to support people with their nutritional needs.
- Daily records needed to improve to help identify when people required additional support to remain hydrated and nourished.
- The environment was welcoming, homely and maintained to a good standard.

## 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 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?

4 - Good

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

People were treated with kindness, respect, and care. Feedback from people and families was very positive. Many said they were happy with the care and didn't want anything to change. Comments included "very pleased with everything" and "first-class support".

Staff were caring and passionate about their work, and they felt supported by their managers. This created a warm, welcoming and respectful atmosphere throughout the home.

The service had recently introduced a positive support initiative called the 'Good Grief Café' which gave people, families, and staff a safe place to talk about loss and grief, helping everyone feel supported and understood.

People were encouraged to stay independent and make their own choices about daily routines, which helped them feel valued and respected. Staff used clear and friendly ways to keep people and families informed and involved, including a private Facebook group which was used to let family know about in-house and community activities they had been involved with. Activities were based on what each person liked, with quieter one-to-one options for those who preferred them. This made people feel included and supported in a way that suited them best.

A multidisciplinary approach was evident, with input from external health professionals, including; GPs, speech and language teams, and dietitians. This ensured people received timely and expert support for complex needs. Wound care was well managed, with monthly assessments and timely wound reviews, reducing the risk of pressure ulcers.

A new electronic medication administration system (EMAR) had been introduced. This improved medication safety by ensuring correct timing and spacing of medication doses. This meant that people received their medication at the right time to maximise efficiency.

Mealtimes were mostly calm and respectful, with kind and attentive staff. People were supported in a way that promoted dignity and enjoyment. However, we observed one person who was served a meal which was not suitable for their nutritional needs and could have posed as a potential risk of choking and/or aspiration. Staff working across different units were not always familiar with people's needs, increasing the risk of missed or inappropriate care. Some care plans and nutritional records were inconsistent, and staff were still using outdated documents. This could lead to incorrect care decisions and put people at risk. **(See area for improvement 1.)**

Food and fluid records were sometimes vague or incomplete, making it difficult to identify risks of dehydration or malnutrition. This meant we could not be confident people's support met their assessed needs. **(See area for improvement 2.)**

## Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that meals are appropriate to individuals' assessed needs and that nutritional documentation is accurate and up to date. This includes removing outdated records and ensuring staff use current guidance to reduce the risk of harm such as choking or aspiration.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My care and support meets my needs and is right for me" (HSCS 1.19) and "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

2. To ensure people receive consistent and informed care, the provider should ensure food and fluid records are specific, complete, and regularly reviewed to help identify and respond to risks of dehydration or malnutrition.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "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 protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

## How good is our setting?

### 4 - Good

We evaluated this key question as good where the quality of the environment impacted positively on outcomes for people, outweighing areas for improvement.

The environment was welcoming and homely. Throughout the home, the atmosphere was calm and comfortable. Most people appeared relaxed and well supported. Personal rooms were decorated to individual tastes, helping people feel more at home.

Improvements to the garden had made outdoor spaces more accessible and enjoyable for people and their families. However, we noticed that some of the paved areas in the garden were overgrown with moss, making them slippery particularly in poor weather. We highlighted this with the manager, who had taken action with plans to clear the moss within the coming days. This will ensure the garden area is safe and accessible for people. A programme of redecoration and repairs was underway, targeting areas that had become worn, such as flooring and paintwork throughout the building. People were actively involved in choosing colours and decorations, which helped promote a sense of inclusion.

Maintenance across the service was well organised and clearly documented. Staff followed procedures confidently and used a logbook system to track repairs and servicing. Room checks were carried out thoroughly, and records were signed off by both the Maintenance Officer and the manager, ensuring oversight and accountability.

Cleaning routines were generally followed in line with the service's standard procedures. Plans were in place to support improvements in infection prevention and control, including group staff supervision and hand hygiene observations. We noted some gaps in cleaning schedules, for example, carpet cleaning had not been completed in some areas of the house. Where gaps are evident, a reason should be documented stating why cleaning tasks were not completed within the timeframes set out. Actions required should be noted to ensure that standards of cleanliness are being achieved. We were assured through our discussions with

leaders, that steps would be taken to include this information going forward.

Laundry services were managed efficiently. Staff demonstrated a good understanding of infection control protocols, and the importance of clothing tags helped reduce the risk of lost items. This addressed a previous area for improvement, see 'what the service has done since the last inspection' section of the report.

Leaders had completed the Environments for Ageing and Dementia Design Assessment Tool (EADDAT). This tool supports age-friendly and dementia-friendly building design, aimed to help people orientate and navigate their environment easier, and improve comfort levels. A number of actions were highlighted to meet the standard required to achieve EADDAT certification. The provider aspired to work towards making these improvements to achieve certification and support improved outcomes for people.

## 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

1. People should feel confident and assured that their personal belongings, including clothing, will be handled with care and attention. This includes clothing that requires to be laundered. The service should ensure there is an effective laundry management system in place to minimise the risk of people's clothing going missing. This may include arrangements around labelling clothing and personal items.

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 15 April 2024.**

#### Action taken since then

To ensure the safe and accurate return of clothing and linen, a tagging system had been implemented across the home. Each item was clearly marked to identify the individual it belonged to. In addition, a colour-coded system had been introduced, with each unit in the home assigned a specific colour. Laundry was collected from one unit at a time, washed separately, and returned only to that unit. This helped staff quickly identify and sort items correctly, significantly reducing the risk of clothing going missing and ensuring that personal items were returned to the correct people promptly and efficiently.

**This area for improvement has been met.**

#### Previous area for improvement 2

1. Staff should be supported with their continuous learning and development in order to meet people's needs. The service should set out clear practical arrangements for staff to complete mandatory and essential training. This should include arranging for staff to complete their training in working time. Support should be available for staff to complete training with consideration around individual learning styles and resource.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

**This area for improvement was made on 15 April 2024.**

## Action taken since then

Staff were now paid to complete any eLearning courses at home, and time was set aside for them to attend in-house and face-to-face training. This approach helped ensure that staff had access to learning opportunities without it impacting their personal time or daily responsibilities.

**This area for improvement has been met.**

## Previous area for improvement 3

People should be supported to ensure their nutritional needs are identified and delivered safely. The service should ensure that all staff responsible for preparing modified diets are knowledgeable and confident. To achieve this, the service should review the nutritional overview shared with kitchen staff. This should clearly detail the level of meal modification required for each person. This includes fortification and preparation of dysphasia diets in accordance with the International Dysphasia Diet Standardisation Initiative (IDDSI). Further training and guidance to enhance skills and knowledge should be explored.

This is to ensure support is consistent with Health and Social Care Standards (HSCS) "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.12).

**This area for improvement was made on 15 April 2024.**

## Action taken since then

The kitchen team demonstrated a strong commitment to safe and person-centred catering practices. Staff had completed essential food safety training and showed good knowledge of the IDDSI framework. Modified meals were prepared to the correct consistency and presented attractively using appropriate tools. The kitchen staff were aware of the risks associated with unfamiliar and agency staff preparing meals that required to be modified. To maintain safety and consistency, all modified meals and fortification were handled exclusively by the kitchen.

Nutritional overviews were displayed in the kitchen and updated monthly or as peoples' needs changed. These included details on modified diets, allergies, preferences, and fortification requirements in line with peoples' nutritional needs. IDDSI guidance posters were visible to provide at a glance information when required.

**This area for improvement has been met.**

## Previous area for improvement 4

The provider should ensure people benefit from the quality assurance management systems for all aspects of the service. Management should ensure information is gathered from audits, meetings and surveys and used to improve practice.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states I 'benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 15 August 2022.**



### Action taken since then

Since our last visit, the service had now fully implemented an electronic system called RADAR to support quality assurance and clinical governance. All audits, stakeholder feedback, accident and incidents and other quality assurance processes within the service were captured in RADAR. Each action identified were assigned a specific timeframe for completion. Actions could not be closed until completed, with mandatory comments required to explain the steps taken. Any actions that remained open were automatically carried over into the broader service action plan, ensuring continued visibility and focus. The manager reviewed RADAR daily to ensure that alerts were addressed promptly and, where possible, actions were closed off once verified as complete. This demonstrated a sustained and consistent focus on quality assurance and improvement.

**This area for improvement has been met.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

  

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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