

## Upper Springland Tayview Care Home Service

Isla Road  
Perth  
PH2 7HQ

Telephone: 01738 632 995

**Type of inspection:**  
Unannounced

**Completed on:**  
22 July 2025

**Service provided by:**  
Capability Scotland

**Service provider number:**  
SP2003000203

**Service no:**  
CS2018366497

## About the service

Upper Springland Tayview is a care home for adults with physical disabilities who may also have a learning disability. It is situated in a residential area of Perth, close to local transport links to shops and community services. The service provides residential care for up to 23 people.

The service provides accommodation over a single ground floor with single bedrooms, each with an en-suite toilet and washing facilities. There is one sitting room and one dining room which also has smaller seating options within it. This service is part of a larger campus which can assist with associated activities and therapies. There is access to well-tended gardens and extensive grounds with viewpoints over the River Tay.

The stated aims and objectives of the service are: "Capability Scotland's Upper Springland service in Perth aims to enable people with a range of disabilities to lead their lives to the full by accessing specialist facilities and services whilst using community facilities where appropriate."

At the time of inspection, 22 people were being supported by the service.

## About the inspection

This was an unannounced inspection which took place on 15 and 16 July 2025, between the hours of 09:10 and 16:45 hours. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Discussed care practice and support provided with people and their relatives, and staff members.
- Spoke with two people using the service.
- Had brief interactions with six people using the service during walkarounds of the premises.
- Spoke with four family members/representatives of people using the service by telephone.
- Spoke with five staff and management.
- Received feedback through care standards questionnaires from five people using the service, two relatives of people using the service, and five staff members.
- Observed care practice and daily life.
- Reviewed documents.

People indicated that they were very happy or happy with the general care and support provided. Staff support was rated highly; however, some people felt there could be more consistency in staff. This was due to ongoing recruitment issues, which the service was motivated to address.

## Key messages

- Staff treated people with dignity and respect. They knew people well as individuals and sought to promote their independence in daily activities.
- People's direct care needs were attended to effectively and there was a strong focus on social and recreational activities. Most people had one-to-one support packages in place, which helped the service organise activities that were of interest to them.
- Care and support plans were comprehensive and tailored to individual needs. People and their representatives told us that they were involved in planning and reviewing their care and support.
- Care plans would be moving to a new electronic care planning system ('CAMI') in the near future. We heard that the 'CAMI' system had been successfully introduced into other services in the organisation and experienced managers would provide support.
- People were able to access a range of external health and social care professionals.
- The service was clean with suitable infection and prevention and control measures in place.
- People's rooms were decorated and furnished according to personal choice, which made them feel more homely. Specialist equipment was provided to assist people to move around and public areas had sufficient space for people to socialise.
- The buildings were showing signs of age and general wear and tear. Nevertheless, they were well maintained. Expected improvements to the buildings need to be assessed within the context that the service will be moving to new premises in a few years' time.

## 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 told us that staff treated them with dignity and respect, and knew them well as individuals.

Whilst the situation had improved since the last inspection, there was still significant use of agency staff. The service mitigated the impact of this through trying to obtain the same agency staff and having long-term employees on duty to help maintain continuity and consistency for people. At the time of inspection, the service was actively recruiting to fill vacant posts and hoped to further reduce the use of agency staff.

The service sought to promote people's independence in daily activities, with staff being trained in 'Active support' approaches to care and support. Effective communication was a key part of this initiative and we saw bespoke methods involving Makaton, symbols, speech, and written language being used to good effect.

People's direct care needs were attended to effectively and there was a strong focus on social and recreational activities. Most people had one-to-one support packages in place, which helped the service organise events that were of interest to them.

We saw that activities had been discussed with people and their families/representatives. Suggestions were usually explored and acted on. There was a wide range of imaginative activities, such as musical entertainment (including a 'Makaton choir' and 'Inspiration orchestra'); fun garden activities; reminiscence and sensory story groups; walks in the local area; dominoes; Bistro evenings with the service's chef; and, outings to other towns and cities, including Edinburgh Military Tattoo, international rugby matches, football matches and racing car experiences. Large format computer tablets ('Tiny tablets') hosted a variety of interactive activities and games, and were used by people across the Upper Springland site. Shopping and visiting friends and relatives were also built into many people's daily schedules.

Care and support plans were comprehensive and tailored to individual needs. They set out people's wishes and preferences, along with their daily routines. People and their representatives told us that they were involved in planning and reviewing care needs. Review dates were set out in a planning document to help ensure that these took place within set timescales.

Care plans would be moving to a new electronic care planning system ('CAMI') in the near future. It was anticipated that a hybrid system of new electronic and existing paper records would operate initially. Training would be provided to all staff using the new system. We heard that the 'CAMI' system had been successfully introduced into other services in the organisation and experienced managers would provide support.

People were able to access a range of external health and social care professionals. Contact was seen with GPs, district nurses, the community mental health team, speech and language therapists, physiotherapists, dentists, opticians, podiatrists, and occupational therapists.

People's medicines were managed using appropriate procedures and subject to regular audit. This helped staff identify discrepancies around the supply and administration of medication, and improved confidence that medicines were administered as prescribed.

Where people experienced stress and distress, plans were in place to manage this. Staff received training and ongoing support to reduce the impact of people's distress reactions. This supported people to have more positive experiences in their daily lives.

The service was developing future and end-of-life care plans with the involvement of people and their representatives. End-of-life care can be a difficult subject to discuss; nevertheless, it is important to be proactive and identify people's wishes and preferences, so that their care experience can be tailored to their needs and expectations at the appropriate time.

Suitable legal frameworks were in place where people needed support to make decisions around managing their finances and welfare. This meant that people's wishes and preferences were known and used to guide the care and support provided by the service.

## 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 service was clean with suitable infection and prevention and control measures in place.

People's rooms were decorated and furnished according to personal choice, which made them feel more homely. Specialist equipment was provided to assist people to move around and public areas had sufficient space for people to socialise. Pleasant grounds could be accessed directly from communal and bedroom areas. People could therefore enjoy time outside, with and without the assistance of staff (depending on individual abilities).

The service actively promoted people's engagement with the community. Regular time out to local and more distant attractions was encouraged, and visitors were welcomed. Regular on-site events and entertainment were organised, which helped make good use of the service's facilities and made people's lives more enjoyable.

The buildings were showing signs of age and general wear and tear. Their dated design meant that they did not always meet with more modern practice standards. Nevertheless, the buildings were well maintained with a clear record of repairs and maintenance checks carried out by the service's own facilities staff and external trades professionals. There was evidence of ongoing decoration, which helped personalise and brighten the environment.

Expected improvements to the buildings needs to be assessed within the context that the service will be moving to new premises in a few years' time. In the meantime, people will continue to live in the existing setting. Senior managers openly acknowledged this, and the need for ongoing maintenance and improvement was noted in the service's strategic plan.

People told us that they were aware of plans around the move to new premises, with some having been involved in discussions and making suggestions for the design of the buildings. Such involvement will help ensure that the new premises will be fit for purpose and that personal stress related to the move can be better managed.

## 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?	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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Dundee  
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