Care Home Collaborative

NHS Greater Glasgow and Clyde

Annual Older Adult Care Home Visits Report 2025

Report to NHSGGC Care Home Framework Group

July 2025

1.0 Introduction

1.1 Care Home Visits

Visits to care homes were introduced in May 2020 to support care homes during the COVID-19 pandemic and have continued as a valued part of collaborative working between care homes and local support teams.

Delivered by members of the Collaborative Care Home Support Teams (CCHSTs), the visits provide an opportunity to spend time alongside care home managers and staff, recognising good practice, sharing learning and exploring ways to strengthen care and support. Using an Appreciative Inquiry approach, the visits focus on what matters most to residents, celebrating successes while identifying opportunities for further development.

Agreed actions are developed jointly following each visit, with additional support visits available where required to help homes address challenges and achieve their improvement goals.

1.2 Care Home Tool

A key resource used before, during and after support visits is the Care Home Assurance Tool (CHAT). The tool helps structure conversations between care home teams and CCHSTs, supporting reflection on current practice, identifying areas of strength and highlighting opportunities for further development. Many care homes also use the tool as a self assessment resource in advance of visits, helping to inform discussions and providing a useful overview of progress and priorities.

In 2023, the tool was reviewed in collaboration with a range of stakeholders to ensure it remained relevant, practical and aligned with existing quality improvement approaches. The refreshed tool focuses on three key areas: Infection Prevention and Control (IPC), Resident Health and Care Needs, and Leadership, Workforce and Culture.

The review streamlined the IPC section to focus on Standard Infection Control Precautions (SICPs), enhanced the Resident Health and Care Needs domain to reflect a broader range of care considerations, and updated elements of the Leadership, Workforce and Culture section. Supporting guidance was also developed to promote consistency, shared understanding and meaningful discussions across care homes and CCHSTs.

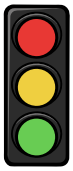
Approved in 2024, the revised tool supports a proportionate and person centred approach to care home visits. It provides a framework for collaborative conversations, shared learning and continuous improvement, helping care homes and support teams work together to enhance outcomes for residents, families and staff.

2.0 Report Purpose

The Annual Care Home Visit Report provides an overview of the themes and learning identified through the visits undertaken across care homes in NHS Greater Glasgow and Clyde (NHSGGC) during 2025. Drawing on information shared during visits, the report highlights examples of good practice, areas of strength, and opportunities for further development to support continuous improvement across the sector.

The report aims to support shared learning between care homes, Collaborative Care Home Support Teams (CCHSTs), Health and Social Care Partnerships (HSCPs) and the Care Home Collaborative (CHC), helping to strengthen the quality, consistency and experience of care for residents

To support discussion and identify common themes across visits, each area of the CHAT is reviewed using a simple Red, Amber and Green (RAG) approach. This helps to recognise where practice is well established, identify areas that may benefit from further development, and highlight opportunities for shared learning and support across care homes.



Red: 79% and below
Amber: 80%–89%
Green: 90% and above

During 2025, a total of 121 CHAT visits were completed across older adult care homes within the six HSCPs, representing 88% of older adult care homes across NHSGGC. The findings provide a valuable insight into the strengths, challenges and improvement priorities identified by care home teams and CCHST staff during the visit.

3.0 Visit Findings

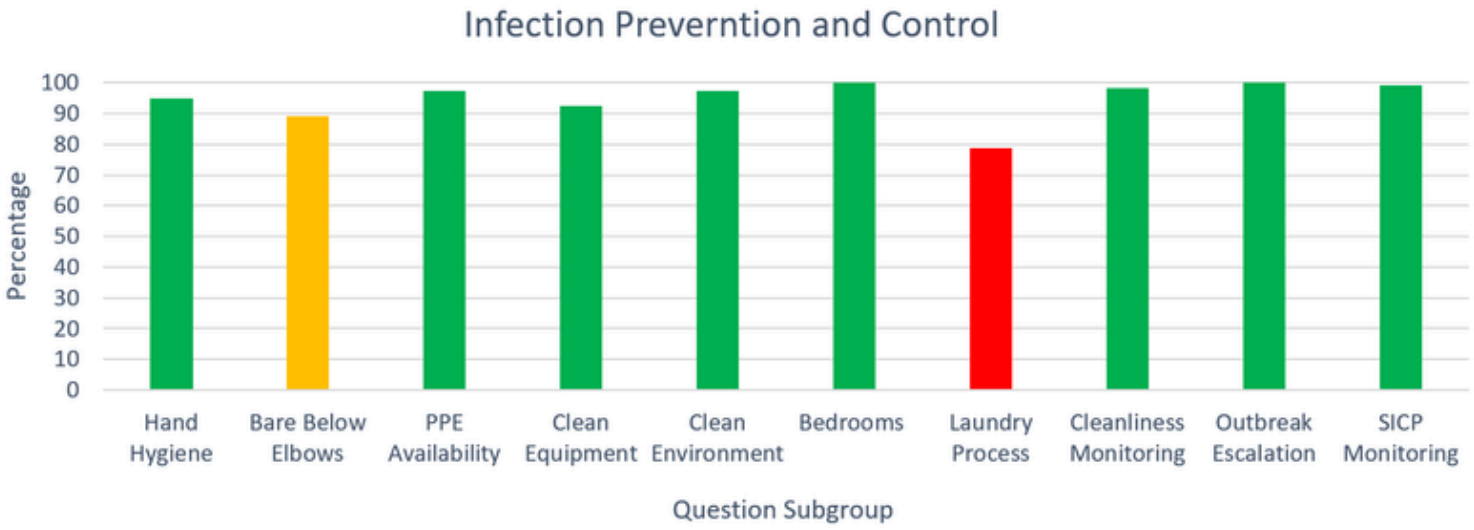
3.1 Infection Prevention and Control (IPC)

3.1a IPC Overview

As illustrated in Chart 1, the findings from care home visits highlighted many examples of positive IPC practice across NHSGGC. In 2025, 70% of care homes demonstrated consistently strong approaches across all areas of the Infection Prevention and Control section of the tool. Areas of particular strength included environmental cleanliness and preparedness for managing outbreaks. Resident bedrooms and ensuite facilities were consistently observed to be clean and well maintained, and staff demonstrated a good awareness of outbreak response arrangements and escalation processes.

The visits also identified well-established approaches to monitoring and supporting IPC practices within care homes. Regular review of Standard Infection Control Precautions and environmental cleanliness was evident, helping to maintain safe and supportive care environments. Hand hygiene facilities and personal protective equipment were readily available across homes, supporting staff in delivering high-quality care.

Chart 1



Overall, the findings suggest that strong IPC practices are evident across day-to-day care home activity, supported by committed staff teams, effective local leadership and ongoing attention to maintaining safe and comfortable environments for residents

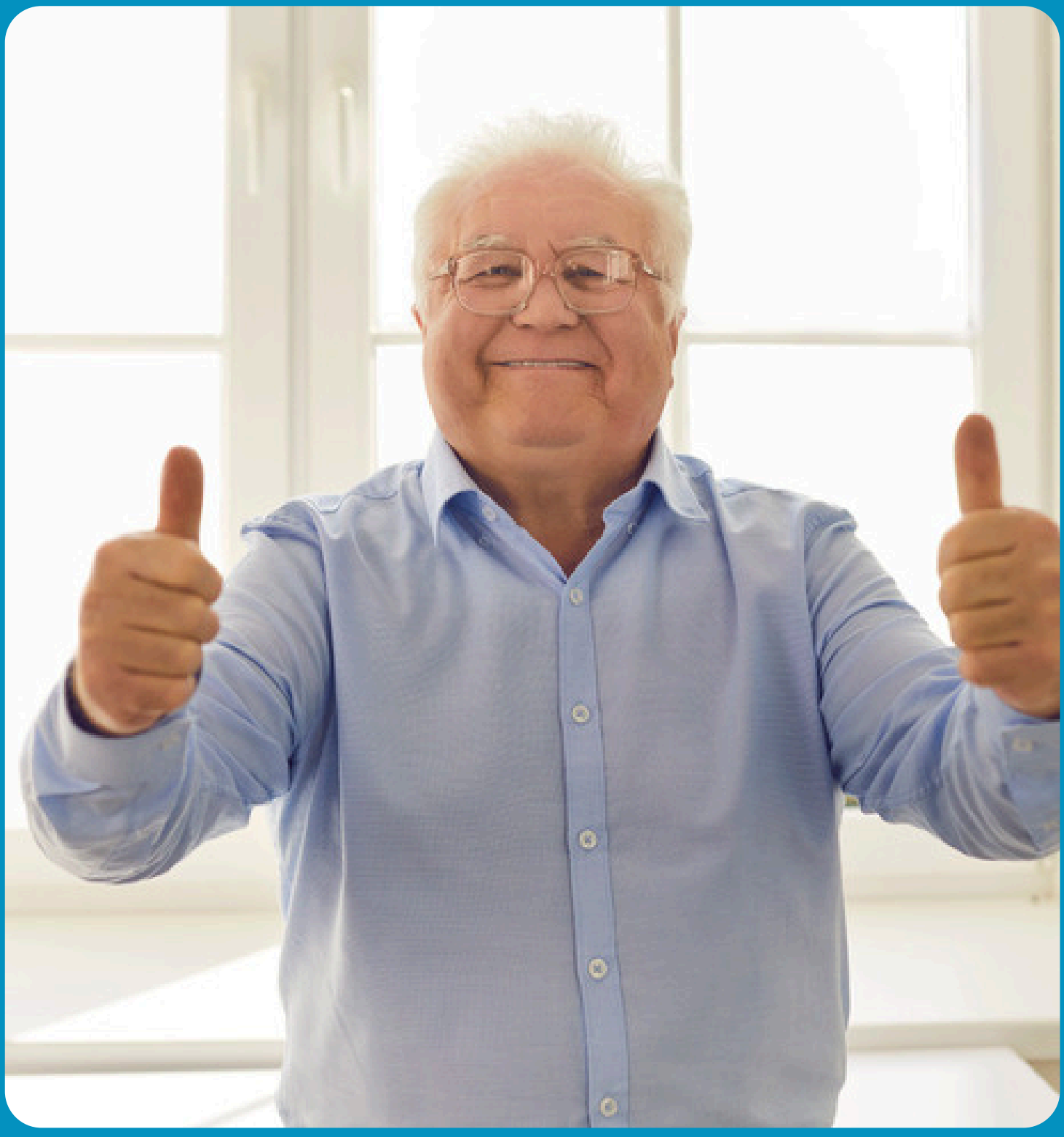
3.1b IPC Learning and Development Themes

The management of infectious laundry was highlighted as an area where care homes could continue to build on existing good practice, with 79% of homes consistently demonstrating the expected approach. Discussions during visits identified some variation in the management of infectious linen, particularly around the use of alginate bags and outer bagging processes. Care home teams highlighted the value of refresher learning opportunities, supported by clear signage and visual prompts within laundry and sluice areas. Enhanced monitoring arrangements, effective stock management and the use of local champions were also identified as helpful approaches to support consistency and shared understanding.

The Bare Below the Elbows standard was well embedded across most care homes, with 89% of homes demonstrating positive practice. Feedback from visits suggested that occasional use of watches, jewellery and fitness devices remained a challenge in some settings. Care homes shared a range of approaches to support staff awareness, including regular reminders, supportive observations and ongoing promotion of hand hygiene messages. The use of Hand Hygiene Champions and routine walkarounds were highlighted as practical ways of reinforcing good practice and supporting continued development.

The maintenance and cleanliness of reusable equipment was another area of strength, with positive findings reported in 93% of visits. Conversations during visits identified opportunities to further strengthen consistency in equipment decontamination processes, including ensuring equipment is cleaned promptly after use, clearly identified as clean and maintained in good condition. Ongoing staff awareness, routine checks and clear local processes were identified as important factors in supporting safe and consistent practice across care home settings.

3.2 Residents Health and Wellbeing

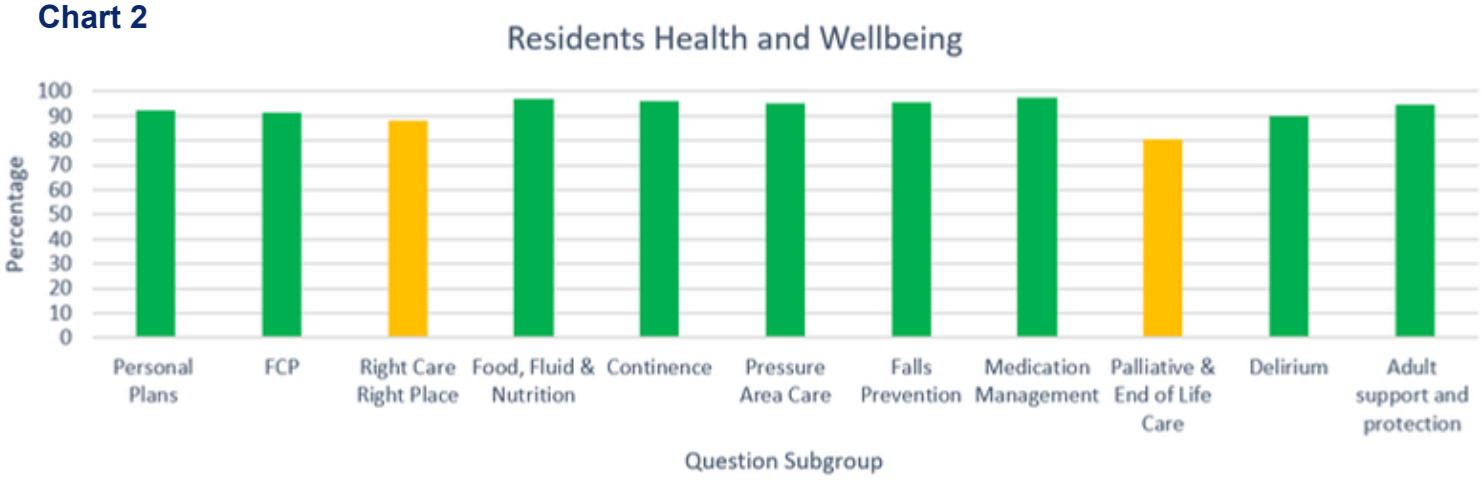


3.2a Resident Health and Wellbeing Overview

As illustrated in Chart 2, visits highlighted many positive examples of practice in supporting residents' health and care needs. Across care homes, there was evidence of well-established approaches to promoting residents' health, wellbeing and quality of life. Areas including nutrition and hydration, falls prevention, continence care and medicines management were consistently reflected within day-to-day care, supported by knowledgeable staff teams and regular assessment and review processes.

Visits also identified a strong focus on person centred care, with residents' wishes, preferences and changing needs reflected in care planning and care delivery. Care home teams demonstrated a commitment to understanding what matters most to residents and adapting support accordingly. Overall, the themes identified through the visits reflect the continued efforts of care home staff to provide responsive, compassionate and individualised care for those living within their homes.

Chart 2



3.2b: Residents Health and Wellbeing Learning and Development Themes

Overall, the findings highlighted many positive examples of practice across care homes, reflecting the commitment of staff teams to supporting residents' health, wellbeing and quality of life. Alongside these strengths, the visits identified a small number of areas where care homes could continue to build on existing practice, supporting shared learning, consistency and ongoing improvement across the sector.

Recognising Deterioration

Findings within the Recognition of Deterioration section of Right Care, Right Place highlighted opportunities to further build on existing practice in monitoring residents' health and wellbeing. Both Vital Signs Monitoring and Deterioration Recognition Training achieved scores of 84%, reflecting positive approaches already in place across many care homes while identifying scope to further enhance staff confidence and consistency in this area.

Discussions during visits highlighted the value of continuing to support the wider use of RESTORE2 and providing ongoing learning opportunities focused on recognising and responding to deterioration. Care home teams also identified benefits in strengthening confidence in the use of escalation tools and processes. Further opportunities were identified to support the recognition and recording of soft signs and other early indicators of deterioration, helping staff to respond promptly to changes in residents' wellbeing and support positive outcomes through timely intervention.

Palliative Care and Care around Dying

Palliative care and care around dying findings highlighted many positive approaches already in place across care homes, with an overall score of 81%, providing a strong foundation on which to continue developing practice. Within this area, the use of SPAR to support recognition of deterioration during the palliative phase achieved 59%. Visit discussions identified opportunities to further raise awareness and embed the use of both SPAR and RESTORE2, supporting a more consistent approach to recognising changes in residents' needs and responding in a timely and person-centred way.

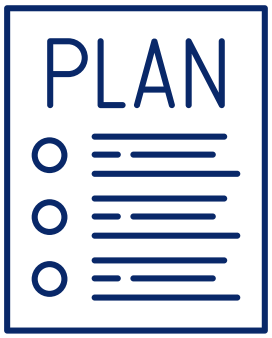
Within workforce competencies, Syringe Driver competence achieved 66%. Feedback from visits highlighted the potential benefits of continued learning and development opportunities, including competency-based education, in-house champions and access to refresher training to further support staff knowledge, skills and confidence in this area of practice.

Confirmation of Death competency achieved 74%, with care homes identifying ongoing professional development and targeted support for newly appointed nurses as valuable approaches to building confidence and experience. Sharing learning opportunities and access to education were highlighted as important factors in supporting staff development and maintaining high-quality care around dying.

Delirum Training

For Delirium Care, visits highlighted a positive foundation on which to continue developing practice. The findings for this area achieved a score of 77%, suggesting opportunities to further build awareness and confidence in recognising and responding to delirium. Feedback from care homes highlighted the value of increasing access to delirium learning resources, including the CHC Delirium Toolkit, and continuing to promote shared learning across teams. Ongoing education and reflective discussion were identified as helpful approaches to supporting staff knowledge and confidence, helping to ensure residents receive timely and person-centred care

Future Care Plans



The Future Care Plan (FCP) section reflected many positive approaches to supporting person centred conversations and planning for future care needs. Findings from this area identified opportunities to further strengthen staff knowledge and confidence. Care homes also highlighted the potential value of FCP Champions to provide local support, share learning and encourage ongoing discussion around future care planning.
Discussions during visits highlighted opportunities to further support the accessibility and sharing of FCPs through Clinical Portal, helping to ensure key information is available to those involved in residents' care. Wider access to the Three Questions Project training was recognised as another way to support meaningful conversations, shared decision-making and personalised care planning.

Overall, the findings highlight the many strengths across care homes and provide opportunities for shared learning and continued development, supporting positive outcomes for residents’ health and wellbeing.

3.3 Leadership, Workforce and Culture

Leadership

Leadership was a notable strength across many care homes, with managers frequently described as visible, approachable and actively engaged with residents, families and staff. A range of approaches were evident to support communication and engagement, including regular walk-rounds, open-door policies, staff forums, and opportunities for supervision and reflective discussion.

Staff described feeling supported to share ideas, contribute to service development and raise concerns where needed, helping to foster a positive and inclusive culture. Care homes also demonstrated a commitment to learning and collaboration beyond their individual services, with participation in Care Home Framework subgroups focused on Palliative Care, Urgent Care and Health and Wellbeing. Through this involvement, care homes have been able to share experiences, contribute to wider improvement activity and support learning across the care home community.

Workforce

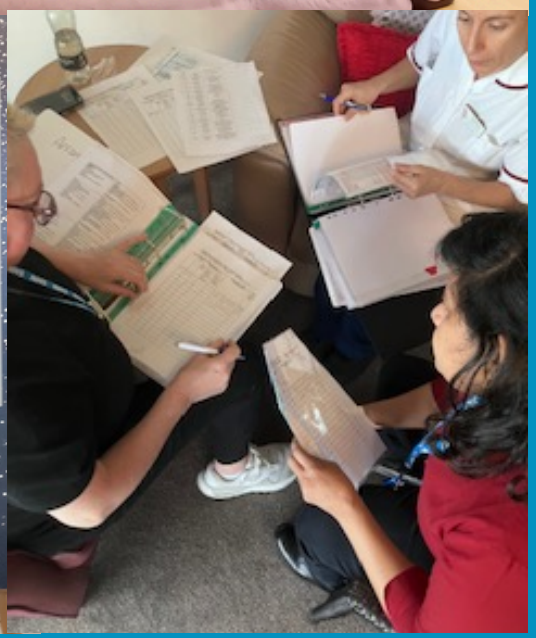
Responses within this section highlighted a strong focus on staff development, learning and wellbeing across care homes. Care homes described a range of approaches to supporting staff, including supervision, appraisal, competency assessment, Scottish Vocational Qualifications (SVQs), continuing professional development, mentorship and peer learning opportunities.

Staff wellbeing was also reflected as an important area of focus, with homes reporting supportive initiatives such as structured debriefs, counselling services, Employee Assistance Programmes, Mental Health First Aiders, wellbeing champions and opportunities for reflective practice. Together, these findings suggest a commitment to creating supportive working environments that enable staff to develop and deliver compassionate, person-centred care.

Culture

Responses within this section reflected a positive emphasis on communication, collaboration and staff engagement across participating care homes. Care homes described a range of approaches to supporting effective communication, including structured handovers, daily flash meetings, newsletters, digital communication platforms and multidisciplinary working.

Visits also highlighted many examples of recognising and celebrating achievements, including positive Care Inspectorate evaluations, staff awards, SVQ attainment, innovative resident activities and community engagement initiatives. Team-building activities, reflective practice and wellbeing focused initiatives were frequently described as part of wider efforts to support staff and maintain positive working environments. Collectively, these findings suggest a culture where staff are encouraged to contribute ideas, share learning and work together to support residents and continuously develop their services.



4.0 Care Home Collaborative (CHC) Actions in 2025

Findings from these visits have helped to identify themes, strengths and areas for shared learning across care homes, informing Care Home Collaborative (CHC) activity across NHSGGC

During 2025, the CHC team delivered a range of learning, support and quality improvement initiatives aligned to these themes. The programme aimed to build on existing good practice, support workforce development and enhance outcomes and experiences for residents living in care homes.

Recognising Deterioration

A key area of focus during 2025 was creating learning and development opportunities to support staff in recognising and responding to changes in residents' health and wellbeing. RESTORE2 and RESTORE2 Mini training was undertaken by 106 staff across five HSCP areas, providing opportunities to build knowledge, confidence and practical skills in recognising deterioration, communication and escalation. Feedback from participants was positive, with many reporting increased confidence in applying this learning within their practice.

To support sustainability and ongoing learning within care homes, RESTORE2 Leadership Training was provided to 19 care home leaders. This helped create local opportunities for shared learning, mentorship and support, enabling leaders to promote the approach within their services and encourage its integration into everyday care.

Record Keeping

Record Keeping Training was accessed by 75 staff across three HSCP areas, providing opportunities to strengthen knowledge and confidence in care documentation, including care records and food and fluid monitoring. The programme encouraged reflection on documentation practices and highlighted the important role that accurate and timely record keeping plays in supporting residents' care and wellbeing. Feedback from care home managers suggested increased awareness of documentation standards and greater confidence in maintaining high-quality records, helping to support effective communication, monitoring and care planning.

Support for Palliative Care and Care around Dying

The CHC team also continued to support learning and development including Confirmation of Death Training. This was delivered to 33 nurses from 18 care homes across five HSCP areas. The programme provided opportunities to develop knowledge, skills and confidence in undertaking confirmation of death safely, sensitively and in line with relevant guidance. Feedback highlighted the value of this learning in supporting nurses within their role, promoting consistency in practice and enhancing the care and support provided to residents and their families at the end of life.

The Supportive Palliative Action Register (SPAR) programme continued to expand during 2025, supporting a further 11 care homes and providing learning opportunities for 194 staff members. The programme helped increase awareness of supportive and palliative care needs and supported staff to consider how earlier identification and timely conversations can enhance care planning and decision-making for residents and their families.

In addition, the Continuous Subcutaneous Infusion (CSCI) Training Project provided targeted learning opportunities for 29 staff from 15 care homes. Developed in response to feedback from care homes, the programme focused on building knowledge, skills and confidence in syringe pump set-up and management. Evaluation findings highlighted a 49% increase in participants' self-reported confidence, supporting staff in providing care for residents with palliative and end-of-life care needs

Delirium Awareness and Prevention

Delirium Awareness and Prevention Training was delivered to 125 staff across 28 care homes, providing opportunities to develop knowledge and confidence in recognising, preventing and responding to delirium. The programme encouraged the use of evidence-informed approaches and supported staff to better understand the differences between delirium and dementia.

A supporting delirium prevention poster was also developed to reinforce key messages around hydration, nutrition, mobility, sleep, infection prevention and medication review. Feedback from participants highlighted increased awareness of delirium and greater confidence in recognising changes in residents' wellbeing.

Dementia

Dementia care training was delivered to 69 staff across 15 care homes, providing opportunities to enhance understanding of dementia and develop confidence in supporting residents experiencing distress. Participants reflected positively on the learning, highlighting increased awareness of communication approaches and person-centred care strategies.

Feedback from care home managers suggested that the training helped support reflective practice and encouraged staff to consider new ways of engaging with and supporting residents living with dementia. The programme contributed to ongoing learning and development within care homes, helping to strengthen person-centred approaches to care and support.

Quality Improvement

A continued focus on quality improvement capability was supported through the delivery of four cohorts of the Scottish Improvement Foundation Skills (SIFS) Programme, involving 27 participants from care homes and supporting services. Learners applied improvement methods to projects focusing on oral health, future care planning, wound healing and resident wellbeing. Feedback highlighted increased confidence and understanding of quality improvement approaches, supporting participants to test ideas, share learning and lead improvement activity within their own services.

The findings presented within this report highlight the many strengths, positive practices and learning opportunities identified through care home visits undertaken across NHSGGC during 2025. They reflect the ongoing commitment of care home teams to providing compassionate, person centred care and to continuously develop services that meet the changing needs of residents

The themes identified through visits have informed a wide range of learning, development and quality improvement activities delivered by the CHC throughout the year. Together, these activities have supported shared learning, strengthened collaboration and provided opportunities for staff and services to build on existing good practice.

Importantly, the findings demonstrate the value of a partnership approach, where care homes, CCHSTs and CHC work together to reflect on practice, celebrate achievements and identify opportunities for ongoing development. This collaborative approach continues to support improvement, innovation and the sharing of learning across the sector.

The CHC would like to extend its sincere thanks to all care home staff, managers, residents, relatives and CCHSTs who participated in the visit programme during 2025. Your openness, engagement and commitment to sharing experiences and learning have made a valuable contribution to this work. The examples of innovation, dedication and person centred care highlighted throughout this report are a testament to the efforts of those working across care homes every day to improve outcomes and experiences for residents.

The CHC looks forward to continuing to work alongside care homes and CCHSTs to support shared learning, celebrate good practice and build on the many strengths identified throughout this report.

Get involved

There are many ways to get involved and the team welcomes your input.

- Sign-up for our newsletter and updates
- Share your stories of person centred care and good practice
- Follow us on social media.

Visit our website at www.nhsggc.scot/carehomecollaborative for up to date resources and training