

# Almond Court Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
19 December 2024

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2020379123

## About the service

Almond Court Care Home is registered with the Care Inspectorate to provide a service to 42 people in a purpose-built building in the Drumchapel area of Glasgow. The provider is Holmes Care Group Scotland Ltd. At the time of this inspection Almond Court Care Home had 38 residents.

The home is situated in a residential area close to transport links and local amenities. There is a small car park to the front of the building and gardens to the rear.

The service is provided over two levels and offers single bedroom accommodation, each with en suite facilities. There is a communal lounge and dining room on each floor. A small cafe has also been created within the reception area for use of residents and their visitors.

## About the inspection

This was an unannounced follow up inspection which took place on 17 and 18 December 2024. The inspection was carried out by two inspectors from the Care Inspectorate. The purpose of this inspection was to follow up on requirements and areas for Improvements that were made since the last inspection, completed on 10 October 2024.

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 five people using the service and five of their relatives
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

## Key messages

- People continued to experience support from staff who were caring, compassionate and knowledgeable about their needs and wishes.
- Improvements in management approaches had led to better management oversight.
- Information within sampled care plans was consistent with information in associated documents.
- Further improvement was needed to ensure that tools to measure risk are being calculated accurately.

## How well do we support people's wellbeing?

We made a requirement for the provider to improve their oversight and standards of clinical practice to ensure high standards of healthcare is maintained and improved.

Whilst we found that sufficient progress had been made to meet this requirement we have made an area for improvement to ensure that there is a continued focus on peoples physical and mental wellbeing. We found that some dependency scores did not reflect peoples needs and some risk assessments to calculate the risk of malnutrition had not been accurately calculated. See area for improvement 1.

### Areas for improvement

1. To ensure that people's physical and mental wellbeing is maintained through ongoing assessment and monitoring, the manager should ensure that:

- a) Staff who are responsible for carrying out assessment of risk have the skill and knowledge to do so.
- b) There is a system in place to check staff competence and identify and address any development needs.
- c) Where on line applications are available to calculate risk such as the calculation of risk of malnutrition, these should be utilised to ensure a consistent approach.
- d) Managers regularly audit the information generated from risk monitoring tools to ensure that this accurately reflects an individuals needs.
- e) That handover records reflect the action required where fluid targets have been missed.

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).

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

### Requirements

#### Requirement 1

By 13 December 2024, in order to ensure high standards of healthcare is maintained and improved, the provider must strengthen management oversight of the standards of clinical practice.

To do this, the provider must, at a minimum:

- a) Ensure that information within the risk register is accurate and reflects information within peoples care plans and the associated documents that guide staff.
- b) Ensure that where monitoring is being carried out that there is an effective auditing system and a management overview of this, including food and fluid monitoring.
- c) Ensure that where risks have been identified, risk assessments are carried out timeously and regularly reviewed.
- d) Ensure that where interventions to mitigate risk have been identified in care plans, there is a process in place to ensure that these are being implemented.

This is to comply with Regulation 4(1)(a) (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 care and support meets my needs and is right for me' (HSCS 1.19).

**This requirement was made on 10 October 2024.**

#### Action taken on previous requirement

Since the last inspection there had been a significant focus by the management team on improving the quality of information within care plans, with several care plans having been reviewed and rewritten and plans to continue this piece of work.

The manager advised that the home was introducing an electronic care planning system early in the new year. This will provide further opportunity to review and update information within care plans and improve accessibility of information for staff.

We found that information within the risk register corresponded with information within the care plans sampled providing an up to date management overview.

The manager had improved their oversight of food and fluid monitoring records. Those sampled were completed well. We suggested that where people were not meeting their fluid targets that this could be better communicated at the staff handovers.

We noted that in the care plans we sampled, the information reflected the risks identified. However, we found some instances where risk assessment tools had not been completed accurately and people's dependencies did not always reflect their current needs. Whilst there was no evidence to indicate that this had an impact on the care being delivered we have made this an area for improvement to ensure that there is a continued focus on people's wellbeing. See area for improvement 1 in the section 'How well do we support people's wellbeing'.

The systems in place to monitor residents helped ensure that any concerns identified were appropriately addressed and measures put in place to mitigate risks.

We concluded that the provider had made sufficient progress to meet this requirement.

### Met - within timescales

#### Requirement 2

By 13 December 2024, the provider must ensure that people's care plans are accurate and up to date and informed by the findings of ongoing assessment and monitoring.

To do this the provider must, at a minimum:

- a) Ensure that risk assessments are regularly reviewed and updated following a change in people's needs.
- b) Ensure that all associated care documents reflect the same accurate and up to date information.
- c) Ensure that where a person needs a specific aspect of their health monitored, that supporting documents are completed and evaluated and the findings used to inform care plans.

This is to comply with Regulation 5(1) and (2) (Personal Plans) 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 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 requirement was made on 10 October 2024.**

#### Action taken on previous requirement

We sampled care plans that had been reviewed and found that all associated documents reflected the same information. We noted that risk assessments were being reviewed and updated where there had been a change in people's needs.

We saw that information about specific health conditions was reflected within care plans. And whilst the impact of a specific health condition was also highlighted in other parts of a persons care plans indicating how this would impact on other aspects of daily living this could be improved further. We suggested that this could include for instance the potential for experiencing pain from a health condition and how this might be monitored and mitigated, the impact of good hydration and nutrition on wound management and the relationship with pain and stress and distress.

This additional information would have the potential to support staff to have a more comprehensive understanding of the people they are supporting and the impact of their interventions. We acknowledge that the introduction of electronic care planning will provide a good opportunity to give further consideration to this during the transfer of information from paper to electronic records.

The service had benefited from external support to review care plans to assist with the improvements needed to meet this requirement. Peer review is an effective quality assurance approach and the service also benefits from support from the quality team. The service led care plan audit tool was robust enough to ensure that care plans contain accurate, up to date information informed by ongoing assessment.

We concluded that the provider had made sufficient progress to meet this requirement.

**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

The provider should continue to evaluate the effectiveness of quality assurance and governance arrangements and make improvements to these where required to ensure they effect improvements that promote positive outcomes for people experiencing care.

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) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 10 October 2024.**

#### Action taken since then

Whilst the introduction of additional quality assurance processes had meant sufficient progress had been made to meet the requirements, the provider should continue to assess the effectiveness of current systems and tools to monitor quality and drive improvements. We have said this because we identified some further areas where improvements could be made in relation to quality assurance systems. Therefore, this area for improvement will continue.

#### Previous area for improvement 2

The provider should consider other factors as part of their staffing method when assessing staffing levels. This should include, but not limited to, factors that impact on staff time and feedback from residents, staff and relatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak to me' (HSCS 3.16).

**This area for improvement was made on 10 October 2024.**

#### Action taken since then

It was too early to assess the progress made in relation to this area for improvement and therefore, this will continue.

## 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).

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