

## Clarence Court Care Home Care Home Service

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Telephone: 01413391611

**Type of inspection:**  
Unannounced

**Completed on:**  
21 March 2025

**Service provided by:**  
Maven Healthcare (Ashnur) LLP

**Service provider number:**  
SP2022000177

**Service no:**  
CS2022000265

## About the service

Clarence Court Care Home is registered to provide care to a maximum of 40 older people with assessed support needs. They currently support one person under the age of 65.

The provider is Maven Healthcare One Ltd.

The home is situated in the Broomhill area of Glasgow and is near to local shops, cafés and restaurants, with good links to local transport. There are secure gardens around the property as well as a large patio area to one side of the building. The service is provided over three floors and has a basement level which houses the laundry, kitchen, hairdressers, staff facilities and a meeting/training room. Bedrooms are ensuite with toilet and shower facilities and there are communal areas on each floor which include toilets, bathrooms, a dining area and lounge.

The home is currently undergoing refurbishment which will expand the capacity of the home to a maximum of 49 older people. At the time of inspection, there were 37 people living in the service.

## About the inspection

This was an unannounced inspection which took place on 18, 19, 20 and 21 March 2025. 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 registration information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with six people who used the service and four relatives
- spoke with 13 staff members and the management
- spoke with five external professionals
- observed practice and daily life
- reviewed documents
- obtained feedback from four people using surveys and questionnaires.

## Key messages

- The care home was warm and welcoming.
- Staff knew people well and treated them with kindness and respect.
- People were supported by the right number of staff, at the right time, to meet their needs.
- Families were complimentary about the quality of care their loved ones received.
- The service needed to improve care planning to ensure it reflected people's health needs, social history, choices and preferences.

## 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 good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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. There were several important strengths, which taken together, clearly outweighed areas for improvement.

We observed that people were relaxed in staff company and there was warmth, kindness and compassion being delivered. Families were complimentary about the quality of care their loved ones received. One relative told us, "I am happy my brother is here, he is settled now." A person using the service said, "Staff do their best, when I need them they are there."

People can expect to be cared for by staff who know their needs. There was a reduction in agency use since the last inspection, which meant relationships could be built with a core staff team in each unit, who were knowledgeable of people's needs and demonstrated positive values.

How people spend their day is important in maintaining people's physical and mental wellbeing. There was a dedicated activities worker who encouraged people to participate at their own level and choice. Activities focused on the mind, body and soul, and included poetry, chair exercises and reminiscence. There were also regular Silent Disco's, Pet Therapy, and local entertainers were invited to the home to promote stimulation and wellbeing. A private Facebook page and newsletter was used to update families on activities.

People should have a personal plan aligned to best practice guidance that reflects their current needs and directs staff to meet those needs. In some of the plans we sampled, it was clear updates on people's health and social needs did not always accurately reflect the person, and were not always person-centred or outcome focused. The service also needed to ensure that people had access to the same quality of opportunities across the home, on a more regular basis. For example, some people were given the opportunity to visit the local cafés or community clubs. One person using the service told us, "It was wonderful to get some fresh air and enjoy a lovely ice-cream." However, the same person did not anticipate this to be a regular occurrence and told us, "This was a rare event and may not happen again for some time." Whilst we observed some nice interactions between people and staff, outwith planned activities there were missed opportunities. For example, we observed a staff member and resident dancing to music together. When this interaction ended, the resident appeared disappointed. More one-to-one time with people to chat to, undertake an activity or a trip out would offer meaningful connections and improve people's quality of life. We have made a related Area For Improvement under Key Question 5, How Well Is Our Care And Support Planned?

We sampled food and people's mealtime experiences. The presentation and quality of food was good, and people told us they enjoyed their meals. There was a good staff presence and people who required assistance were supported appropriately. Mealtimes were a very relaxed, unhurried experience.

People have the right to appropriate healthcare. Referrals to, and input from relevant healthcare professionals, such as the Care Home Liaison Nurse, Falls Team, Podiatrist, Optician, Dentist, GP, Dietician, and Speech and Language therapist were seen. This demonstrated that people's healthcare was being monitored and supporting staff to manage any changing needs. We spoke with visiting health professionals who offered positive feedback on the service's clinical knowledge, interventions and partnership working. These approaches helped keep people well and ensured their health needs were being met.

Medications were managed effectively with safe systems in place for storage, administration and recording. Medication with an 'as required' dose can treat many different conditions and should be supplemented with guidance or treatment plans, for example, behavioural support plans or indicators of pain. The plans we sampled lacked sufficient detail to guide staff on best practice. This could have a negative impact on people's health and wellbeing. We have made this an Area for Improvement. **(See Area for Improvement 1)**

### Areas for improvement

1. To support people's wellbeing and ensure they experience interventions that are safe and effective, if receiving 'as required' medications, MAR charts (medication administration records) should include:

- a) the reasons for giving 'as required' medication;
- b) how much has been given, including if a variable dose has been prescribed;
- c) the time of administration for time sensitive medication; and
- d) the outcome and whether the medication was effective.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

### How good is our leadership?

#### 4 - Good

We evaluated this key question as good. There were several important strengths, which taken together, clearly outweighed areas for improvement.

People should have confidence that the service is well-led and managed. Staff spoke positively about the management team who were seen as being responsive, approachable and supportive. There was regular communication between management and staff, with daily flash meetings and handovers, and regular clinical meetings, which ensured everyone was aware of key issues in the home. This helped keep people safe and well.

There was a range of quality assurance audits in place, however, not all of the completed audits contained action plans and timescales. The management team were continuing to develop the quality assurance processes to be more robust and drive outcomes for people experiencing care. Reassuringly, there was an improvement plan and self evaluation recently completed. This evidenced the management team provided a range of opportunities for people to provide feedback on the service, some of which included newsletters, meetings and online surveys. This reassured us that people were encouraged to express their views and their suggestions respected and used to ensure ongoing improvement.

We saw supervision and team meetings being carried out more regularly. However, the service should combine the processes of monitoring the practice of staff and supervision. This would enable some supervision to be based on observations of competency, and afford people using the service the opportunity to give their opinion about the support they received from staff. This was previously an Area for Improvement and will remain in place. **(See Area for Improvement 1)**

Appropriate arrangements were in place to ensure staff were registered with the SSSC (Scottish Social Services Council) who regulate the social care workforce. People who used the service could be confident staff were recruited safely and in line with best practice. Nurses were supported to revalidate their registration with the NMC (Nursing and Midwifery Council).

## Areas for improvement

1. To ensure people continue to be included, the service should combine the processes of monitoring the practice of staff and supervision. This would enable some supervision to be based on observations of competency, and afford people using the service the opportunity to give their opinion about the support they receive from staff.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

## How good is our staff team?

4 - Good

We evaluated this key question as good. There were several important strengths, which taken together, clearly outweighed areas for improvement.

We saw relevant up-to-date policies and procedures in relation to Medication, Health and Safety, and the management of Infection Prevention and Control measures. Staff we spoke with told us they were aware of the relevant procedures in which to protect people from harm and knew how to put these into practice. People benefitted from an induction to prepare them fully for their role and each new member of staff were appointed a mentor.

People should have confidence that the staff who support them are trained, competent and skilled. A blended approach had been used with staff training. E-learning covered a wide range of mandatory training. This had been complimented with some face-to-face sessions. All employees were being trained in Moving and Handling procedures, including housekeeping, kitchen and laundry staff. Although not assisting people with personal care, they were still performing moving and handling tasks during their day-to-day work. Being adequately trained reduces the risk of injury being sustained during the course of their work.

People told us staff were kind and caring. We observed some warm and caring interactions between staff and people in each unit. Recent feedback showed that most people were satisfied with the service and happy with the standard of care and support provided. One relative told us, "Staff are always available to listen and, if necessary, take the appropriate action." A second person said, "Many of the staff involve me to improve my relative's experience."

The use of Agency staff was low and the core staff team on each floor knew people well, responded promptly to their requests, and demonstrated positive values. Morale across the service had improved since the last inspection and staff we spoke to said they were happy at their work.

Numbers and skill mix of staff should be determined by a process of continuous assessment. The staffing tool made no allowance for tasks that staff were expected to complete which are not direct care related. For example, training, supervision, recording, administering medication and clinical aspects of care. However, in order to fully implement this tool, we spoke to the service about the deployment of staff and how this could be more effective in meeting non-direct care tasks. This will be particularly important as the service increases its capacity. The service should evidence their decision making process around staffing levels. We have made this an Area for Improvement. **(See Area for Improvement 1)**

Team meetings happened regularly and we could see evidence staff were being supported by regular one-to-one supervisions. Supervision is the opportunity for staff to reflect on their practice, development and their wellbeing.

### Areas for improvement

1. To ensure staffing levels are sufficient to meet the needs of people living in the service, the provider should:

- a) demonstrate they have taken into account further considerations in addition to their chosen assessment tool in relation to all non-direct care duties of staff when calculating staffing levels; and
- b) demonstrate that this information is used to ensure there are enough staff on duty at all times to meet the needs of people living in the service.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

## How good is our setting?

## 4 - Good

We evaluated this key question as good. There were several important strengths, which taken together, clearly outweighed areas for improvement.

The home was undergoing refurbishment. This caused temporary restrictions to some areas of the home. The environment at times could be noisy, although unavoidable, and the interference did cause some people to express their discomfort. People using the service and visitors were offered earplugs to reduce the noise level. Builders were being respectful, professional and discreet, and we observed no episodes of people presenting as stressed or distressed as a result of the obvious disruption. Aside from some expected dust from the building work, the environment was generally clean and tidy.

The home was also welcoming and secure, with an appropriate entry system which required people to sign-in and out, this promoted a safe environment for people and their visitors. People benefitted from accessible and attractively laid out gardens which they could independently use, weather permitting. Access to fresh air is known to benefit people's wellbeing.

People's bedrooms were personalised with their pictures, furniture and technology, which promoted comfort and familiarity. Single ensuite bedrooms promoted privacy and dignity. The dining areas had improved since the last inspection, with menus and tablecloths on dining tables, on each floor, to ensure consistency throughout the home and to maximise people's experience.

There was a well-resourced housekeeping team who knew their roles and responsibilities well and carried out their duties consistently. This resulted in a clean, safe environment and records which evidenced regular cleaning of the care home were kept up-to-date.

There was a range of equipment used to meet people's needs and reduce risks, such as falls. For example, chair and bed sensor alarms. Maintenance records confirmed equipment checks and servicing had been carried out regularly to ensure people were not exposed to harm and were kept safe. People's choices and rights to freedom of movement should not be compromised. Appropriate risk assessments for door gates should ensure the correct safeguards are in place to keep people safe and ensure their choices are respected. We spoke to the service about ensuring only those who have an assessed need for a door gate will have this in place. The service agreed to remove the door gates on bedroom doors where it was unnecessary, as this could expose people to harm or injury.

The signage and visual markers, such as signs to show where the toilets are, enabled people to move easily and independently around the home. Most of the bedroom doors had the person's name and photo displayed, so they can be easily identified and people feel familiarity within the home. Management agreed to check with those who still required this to be done, and also to record clearly in their care plans if they wished not to have their name and photo displayed. This will ensure their choices and preferences are respected.



## How well is our care and support planned?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Positive experiences and outcomes for people were reduced because key areas of performance needed to improve.

Care plans were held electronically and captured people's assessed needs. These were used by the staff team and visiting professionals to direct and record people's care. We could see evidence of joint working with external professionals, including referrals and assessments. Visiting professionals we spoke to were complimentary about the communication between them and the staff.

Care plans should have a more person-centred approach which highlight people's life stories, likes and dislikes, and what is important to them. Personal plans should also contain an Anticipatory Care Plan (ACP) and acknowledge people's needs and choices. Documentation on legal powers were also missing from the care plans we sampled. The service agreed to update the electronic care plans to ensure legal documentation was easily accessible. This will help to protect people's legal rights and safeguard them from harm. Ensuring care plans were more person-centred and outcome focused was previously an Area for Improvement and this remains in place. **(See Area for Improvement 1)**

The service should evidence choice, evaluation and meaningful engagement better within their care plans. This supports people to have a strong sense of their own identity and wellbeing, and reduces feelings of isolation. This is especially important for people who spend a lot of time in their rooms, have advanced dementia, or receive few visitors. We spoke to management about how staff would benefit from additional guidance on the effective use of their time when 'supervising' lounge areas.

People should have their care plans reviewed on a regular basis to ensure a record is available of their current support needs. The service had recently reviewed the care and support of people in the service, and they could evidence these took place routinely. This was important to give those living in the care home, and those closest to them, the opportunity to be involved in the evaluation and review of their care and support. We saw evidence in minutes from relative and resident meetings, that people were given the option to view their care plans. However, monthly audits of care plans did not identify gaps in recording of people's accurate needs. This reduced the validity of plans and presented a risk that important changes in people's lives were not being addressed or appropriately reviewed. We acknowledged that improving care plans remained a work in progress, and the service were committed to providing further training and support to staff to improve communication and oversight of people's care. This would assist in ensuring that care and support is given in line with people's wishes and needs. **(See Area for Improvement 1)**

## Areas for improvement

1. To support people's wellbeing and social inclusion, the service should update care plans to accurately reflect people's choices, preferences and life stories.

To do this, the provider should:

- a) embed meaningful engagements into every day practice, so social stimulation is not limited to planned activities; and
- b) update care plans to accurately reflect people's health needs, choices, preferences and life stories.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities each day, both indoors and outdoors' (HSCS 1.25)

'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)

and

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

## 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 support people's wellbeing and social inclusion, the service should update care plans to accurately reflect people's choices, preferences, and life stories.

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)

and

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

**This area for improvement was made on 29 January 2024.**

#### Action taken since then

Care plans are not person-centred and outcome focused. There are gaps in recording people's social and physical needs. People should have more social stimulation in their day outwith planned activities. **This Area for Improvement has not been met**, it remains in place and has been incorporated into Key Questions 5, How is Our Care and Support Planned?

#### Previous area for improvement 2

To ensure staff have the opportunities to reflect on practice, the service should ensure supervision is more regular, and that team meetings are embedded into the culture of the home.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.18)

and

'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).

**This area for improvement was made on 29 January 2024.**

## Action taken since then

Supervisions are now taking place and team meetings being held regularly.

**This Area for Improvement has been met.**

## Previous area for improvement 3

To ensure people continue to be included, the service should combine the processes of monitoring the practice of staff and supervision. This would enable some supervision to be based on observations of competency, and afford people using the service the opportunity to give their opinion about the support they receive from staff.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

**This area for improvement was made on 29 January 2024.**

## Action taken since then

Quality of supervision needs to improve and include observations of practice to discuss staff development.

**This Area for Improvement has not been met** and remains in place.

## 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
1.3 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 good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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