

Clinton House Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
1 August 2025

Service provided by:
Clinton House Strathclyde (Care
Homes) Ltd

Service provider number:
SP2003002417

Service no:
CS2003010566

About the service

Clinton House Nursing Home is a care home in Shawsburn near Larkhall.

The service is registered to provide care and support to a maximum of 26 older people, including up to eight people who are not yet 65 years old. The provider is Clinton House Strathclyde (Care Homes) Ltd.

The care home has 24 bedrooms which includes two double bedrooms. Some bedrooms have en-suite facilities and there are shared shower room facilities. There is a passenger lift providing access to the upper floor and shared shower room.

At the time of this inspection there were 24 people living in the care home.

About the inspection

This was an unannounced inspection which took place on 29 July and 1 August 2025 between 07:00 and 17:30 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 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 to/spent time with eight people, who are supported by the provider and spoke to five relatives.
- For people unable to express their views, we observed interactions with staff and how they spent their time.
- Received 20 completed questionnaires: four from relatives/representatives, 10 from staff and six from visiting professionals.
- Spoke with 13 staff and the management team.
- Observed practice and daily life.
- Reviewed documents.
- Received feedback from two external professionals.

Key messages

- We observed kind and caring interactions between people using the service and the staff.
- Feedback from people living in the home and their families was positive about care received from staff.
- Activities were in place throughout the day to promote social inclusion.
- The provider should improve their service improvement plan to ensure it is specific, measurable, achievable, realistic, and time-bound (SMART).
- The provider should address and prioritise environmental needs within the service in a timely manner.
- The provider should improve personal plans to ensure these are organised, up-to-date and contain relevant information.
- One area of improvement had been met from the previous inspection.

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, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People and their families provided positive feedback about the service. People told us they "wouldn't change anything" and that they are "happy living here". Relatives told us staff go "above and beyond" and that they "could not praise them anymore". We observed kind and compassionate relationships between people and staff, and it was clear residents trusted their staff. This meant people felt safe and comfortable as they had developed positive relationships with their staff team.

People enjoyed coming together for meals. Staff ensured that mealtimes were relaxed, enjoyable and sociable, and music played to give ambiance. Menus were available on tables, and people were offered alternatives if choices available were not to their taste. Show plates were provided to people if this was needed. People's nutritional and fluids needs were recorded, and catering staff had a good understanding of people's dietary needs. Staff supported people to eat and drink in a dignified way when this was needed. People's health and wellbeing benefitted from the provision of high quality and well-presented food.

The care home had two activity coordinators throughout the week who arranged group activities in the mornings and afternoons. We observed residents taking part in these, laughing, and smiling together. Arts and crafts made during the groups, were used to decorate the lounge area. A church group visited weekly, singers visited monthly and pantomime annually. People were offered one-to-one support once per week by the activities coordinator. We raised to consider increasing this for people who prefer privacy or are confined to their bedrooms. This ensures people are still receiving social support from care staff. People did not have individual plans. We discussed with the manager to develop these for people if they had other interests outside groups. This ensures support is person-centred.

The garden was accessible weather dependent, though this was mostly when group activities were taking place. People and families had participated in planting flowers in the garden through the summer and told us they enjoyed this. People were unable to maintain as much exercise due to where the care home was located and staffing arrangements. The care home did not have transport to access the community, but planned to look into this. Accessing opportunities in the community is important in promoting and maintaining people's wellbeing. (see area for improvement 1).

For those who required it, there was a medication recording system (MARS) showing when it was given and who administered it. Sampled medications were correctly labelled and corresponded with entries on the MARS sheets. Outcomes for as required 'PRN' medication were recorded to show if this was effective. However, there were inconsistencies in the use and completion of body maps. This may hinder the ability to monitor and identify patterns or concerns, related to skin integrity. The service should ensure that body maps are consistently updated, to support effective monitoring and protection of people's skin integrity (see area for improvement 2).

Areas for improvement

1. The provider should explore transport options, to support people to access the community. This will contribute to improving people's social and mental wellbeing.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10), and 'I experience care and support free from isolation, because the location and type of premises enable me to be an active member of the local community if this is appropriate' (HSCS 5.9).

2. The service should improve the consistency and accuracy of body map documentation. This ensures effective monitoring of people's skin integrity and will improve outcomes for people.

This is to ensure care and support is consistent with Health and Social Care Standard (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).

How good is our leadership?

4 – Good

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

Positive feedback about leadership within the service was provided by most staff. Management was described as approachable, and staff reported feeling supported and listened to. Families also provided positive feedback including good communication and willingness to support them and their loved ones. Several staff members were recognised as champions with expertise in key areas, contributing to high standards by supporting others. The potential to expand this approach was discussed, including increasing the number of champions to further assist management. Having additional support shares accountability for quality improvement across the team.

A service improvement plan was in place last year, however there was no live document for current actions and outcomes. We discussed with the manager how this could be developed. This included further self-evaluation and recording timescales and actions to demonstrate progress towards each outcome. The service should use information gathered through audits, to drive improvements and evidence progress through the service improvement plan (see area for improvement 1).

There were quality assurance procedures in place to assist the manager with monitoring the quality and standard of the service provided. This included oversight of training, supervision, and staff registration. Audits were being completed for medication, wound management, dining experience and mattress and nurse calls. However, frequency of these had recently decreased. Audit summaries were being completed to highlight some areas which needed addressed. No audit report had been completed since last year to show analysis of trends and patterns. We discussed with the manager to review their policies and documentation to improve auditing within the service. Having formal audits in place will help shape and contribute toward continuous improvement within the service. (see area for improvement 2).

The service had not been routinely completing observations of staff practice, apart from during people's induction period. This limits opportunities to assess good practice from staff and identify areas for improvement or additional support. Observations of practice are a key part of continuous learning and help ensure that care is delivered safely and consistently (see area of improvement 2).

The service had considered self-evaluation to improve the service. Residents and relatives' meetings were taking place regularly. We saw encouragement to complete surveys for feedback and updates to refurbishment of the environment.

People and relatives were sent monthly newsletters and encouraged to participate in surveys to gather feedback. This was inclusive of staff which were also sent out once a year. The service had already discussed increasing these throughout the year to encourage more feedback. This will ensure that people's views and opinions are sought and valued.

Complaints policy and procedure was in place within the service. Where complaints had been raised last year, these had been addressed and responded to correctly. It was positive to see that no other formal complaints had been raised since this time. This ensures that people's views and concerns are listened to and actioned appropriately.

Areas for improvement

1. The provider should ensure actions are identified within the service improvement plan, which should be specific, measurable, achievable, realistic, and time-bound (SMART). These should be shared with people to provide reassurance and commitment to positive outcomes.

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

2. The provider should implement effective management oversight and quality assurance systems, to ensure that care and support are safe, consistent, and aligned with best practice. This will improve outcomes for people and reduce risks.

This should include but is not limited to:

- Ensuring that audit findings are recorded, analysed, and used to identify risks and drive measurable improvements.
- Putting in place clear systems for monitoring staff competency, including formal observations.

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

How good is our staff team?

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 staff team consisted of many experienced staff who had worked in the care home for several years, and some staff who had recently started. Feedback from people was positive about staff and the care they provided. Agency staff were used to cover holidays and sickness, and service aimed to use the same staff to provide consistency. Use of regular staff helps ensure people see familiar faces, which builds consistency and trust in the service.

A dependency tool was used to determine the number of staff and skills needed to meet people's care needs. The rota reflected the outcome of the dependency tool and staff were visible supporting people.

However, there were limited opportunities for people to receive one-to-one social support from care staff. The service is currently reviewing their dependency tool to assess staffing arrangements more frequently. Having appropriate staffing arrangements will ensure people are supported across all their care needs. (see area for improvement 1).

We observed staff to be kind and caring and offered choice to people during mealtimes and activities. People could be confident they were supported by staff who had been appropriately checked and assessed. This means safe recruitment practices were followed within the service. Staff had induction booklets to support induction and learning however, some areas had not been fully completed. The manager was aware of this and was working with staff to ensure these completed within the set timescales. We will monitor this at next inspection.

Online and practical training were available to staff to develop their knowledge and skills. Staff felt that their training was useful and that they could ask for extra training if needed. The service also provided training tailored to specific health needs like dementia and menopause. This ensures a positive and person-centred approach. Training did not have the highest level of compliance, and we discussed reviewing processes, to ensure this is kept up to date. Management having better oversight of training will ensure staff knowledge is up to date when carrying out their roles and inform skill mix of the team (see area of improvement 2).

Team meetings took place quarterly, and staff could raise issues with the manager between these. Staff received support through individual and group supervisions however, these only happened once or twice a year and were not all up to date. Whilst group supervision was beneficial for learning, staff should receive appropriate number of individual supervisions. The manager acknowledged this, and we were assured this would be actioned. This will be monitored at the next inspection.

People using the service benefitted from the support of the staff team who worked well together and shared good values and goals. Staff spoke positively about their role within the service, and the benefits of working within a supportive team. Feedback was overall positive, and staff told us there is good teamwork and the service is "a great place to work, very family oriented". Other staff felt under pressure with current staffing arrangements and would like more supervisions for further support. The service offered awards for employee of the month and staff who had reached milestone anniversaries. Maintaining staff wellbeing will reduce risk of absence and ensures people will receive the right the support.

Staff who did not provide direct care, such as catering staff, housekeeping, maintenance, and activities coordinators, recognised they played an equally key role in people's support. There were warm and kind interactions between these staff and people living in the care home. These interactions help increase people's trust and created a positive and homely atmosphere.

Areas for improvement

1. The provider should ensure that the staffing arrangements across all departments meet the safety, wellbeing and social needs of people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

2. The provider should ensure training is up to date with all staff in order to carry out their role.

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

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.

People benefited from a clean, comfortable, and well-lit environment. People had the choice to spend time in their bedrooms or shared living spaces, and were observed to freely access different areas. This meant that people could choose where to spend their day and have privacy when they wanted.

People's rooms were personalised, decorated with their own furniture and family photos. Signage with visual prompts placed around the home to support people's familiarity with their surroundings. There was a clear need to modernise the décor of the home. Some improvements had already been made, such as new flooring, furniture, and curtains. This contributed positively to the overall environment. The home offered a variety of spaces for people to enjoy, although most of these were located on the ground floor. This was due to the building's layout, but people were supported to access these areas when needed. Plans were in place to develop small social areas upstairs, to improve the environment for those staying there. At present, this part of the home lacked atmosphere and appropriate décor. Creating these spaces will help promote inclusion and comfort, giving people more choice in where they spend their time.

The service had an environmental plan which showed timescales for aims of the service. It was positive to see that this included points identified in The King's Fund tool. We discussed improving this to ensure the plan was live, including updates to aims and actioning those which were priority. This included easy access to bathing and shower facilities within the home, to support people's dignity, choice, and the right to privacy. The service should assess the facilities in the home to meet current best practice guidance such as 'Care Homes for Adults - The Design Guide' (Care Inspectorate, 2002). (see area for improvement 1). Another priority included upgrading the nurse call system. This would support the service having better oversight to support more responsive and timely care. The provider should continue completing actions in a timely response, to ensure people experience a high-quality environment (see area of improvement 1).

Regular maintenance checks and repairs within the home were in place to keep people safe. The service had employed a full-time staff member for increased oversight. They were responsible for communication with agencies to ensure tasks were being followed up and completed. Ensuring maintenance checks are carried out in a timely manner promotes the safety of people experiencing care.

Daily cleaning schedules were in place with regular audits completed, to ensure standards of cleanliness were being maintained. People's bedrooms were observed to be clean and personalised. The laundry was well organised with processes in place to manage people's personal items. Staff were trained on infection control procedures and were knowledgeable in how to reduce cross contamination. This assured us as that the staff were taking the necessary precautions to prevent the spread of infections.

People could access outdoor space and fresh air, though this was limited to the garden due to the location of the care home. People were supported to use the garden during activities when this was weather dependent, and with family. People and family had planted flowers in the garden and appreciated maintaining this over the summer. This provided people with an enjoyable space to spend time outside and contributes to their overall wellbeing.

Areas for improvement

1. The provider should ensure people experience care in an environment that is well maintained and have choice to sufficient bathing and showering facilities. This will enhance the living conditions and improve outcomes for people.

This should include, but not limited to:

- a) Review showering and bathing facilities to promote choice, privacy and dignity, and include choices in personal plans.
- b) Address environmental needs identified in the action plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.22) and "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.16).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had moved to an electronic care plan system over the last few months, and all people's information was recorded on this. There were still paper files, however, the service was aware that information within these was no longer up to date. Audits for personal plans had not been taken place regularly but had restarted since moving online. We discussed having a champion in place to support the manager with this. This will provide increased oversight to ensure plans contain accurate information about people's care needs.

Personal plans held some important and relevant information, but there were still gaps within documentation. These required to be updated to guide staff on how to provide support in a safe and consistent way.

Some people did not have up to date information for example, life stories, interests and some aspects of care plans. The contents of personal plans should focus on 'what matters to a person' to demonstrate person centred approaches. Changes need to be considered so people benefit from personal plans which are easy to access, capture good conversations and show active participation. This will support the development of person-centred personal plans (see area for improvement 1).

The manager was responsible for monitoring people's six monthly reviews for their support and care. Reviews included participation strategies for people and their relatives to ensure their views were considered. We were unable to determine how often reviews had taken place as records were not up to date. Relatives told us they had participated in these, however, some reviews sampled were not taking place six monthly. Regular reviews should take place to ensure care needs are kept up to date, and people and relatives are involved in this process. (see area for improvement 2).

Information was recorded whether people had capacity to make decisions or whether this was their relatives' responsibility. There was Anticipatory Care Planning and future planning in place to reflect people's wishes. This means staff are clear about their role when supporting people with their decisions.

Risk assessments were in place for people at risk of harm, such as stress and distress, mobility, and dietary

needs. These were up to date however, some information was missing including information on level of risk and what could happen should these not be mitigated. Information on risk being up to date provides guidance to staff and ensures the safety of people (see area for improvement 1).

Daily communication notes were recorded to capture support provided. Involvement from professionals and actions followed up were recorded. However, daily running notes were not documented consistently. We discussed this with the manager who assured us this would improve with more time using the system. We will monitor this at the next inspection.

Areas for improvement

1. To ensure people's care and support that is right for them, personal plans should remain accurate and up to date.

This should include but is not limited to:

- People's life stories and interests to be updated ensuring these are person-centred.
- People's care plans to be updated to reflect current health needs.
- All areas of risk to be updated to show levels of risk and how to mitigate them.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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).

2. The service should implement a robust system, to ensure six-monthly reviews are scheduled, completed, and documented for all residents.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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 ensure that people's health and care needs are monitored effectively, the provider should ensure effective systems are in place to record, monitor and review an identified area of health or care need.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 25 October 2023.

Action taken since then

The service had systems in place to record, monitor and review an identified area of care need. There was evidence to show referrals to professionals when a health concern had been raised. For example, psychiatry, GP, podiatry, falls team, dietician. Professionals and relatives told us that any issues that were highlighted, staff contacted the appropriate people and follow up identified concerns.

There is enough evidence for this area for improvement to be met, however, there are still aspects that need to be improved. For example, there were some gaps in recording, and other information still being recorded on paper. The service has recently moved to an online system, and the manager assured us that all recording would change to online moving forward.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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
3.3 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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