

Cardonald Care Home Care Home Service

Cardonald Care Home
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Type of inspection:
Unannounced

Completed on:
23 July 2025

Service provided by:
Clyde Care Limited

Service provider number:
SP2016012834

Service no:
CS2022000212

About the service

Cardonald Care Home is registered to provide a care home service to a maximum of 28 older people over the age of 65 years, and three named people under the age of 65.

The care home is a purpose built two storey building in the residential area of Mosspark, Glasgow and is close to local shops and community amenities. It is easily accessible by public transport.

The building provides single occupancy accommodation with partial ensuite facilities. There are public lounges and dining rooms, as well as shared toilets and bathing or showering facilities.

People have access to a private, secured garden area accessible from the ground floor dining room.

At the time of the inspection there were 28 people in the service.

About the inspection

This was an unannounced inspection which took place on 18 and 19 July 2025 between 09:30 and 20:15 hours. The inspection was carried out by three inspectors from the Care Inspectorate.

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 eight people using the service and six of their family
- spoke with 13 staff and management
- reviewed feedback through our questionnaires from three families and seven staff members
- observed practice and daily life
- reviewed documents
- spoke with one professional.

Key messages

Overall most people were happy with their care and support, but highlighted improvements were needed to increase staffing, activities and stimulation, as well as the cleanliness of the home.

The service must improve the environment in relation to cleanliness while increasing the provision of domestic staff.

Oversight of people's clinical needs and medications were well managed.

Staff worked well together, but staffing levels required review to ensure they are sufficient to provide responsive care as people's needs change and support meaningful engagement.

Quality improvement activities must improve and a responsive service improvement plan needs to be developed.

Care and support documentation including six-month reviews requires improvement as well as how changes in people's wellbeing are communicated to families and recorded.

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

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| How well do we support people's wellbeing? | 3 - Adequate |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 2 - Weak |
| How good is our setting? | 2 - Weak |
| 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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, these only just outweighed weaknesses as key areas need to improve.

Quality indicator 1.2 - People get the most out of life

Opportunities for meaningful activity and engagement had been limited, with only occasional involvement in community events such as school visits and VE Day celebrations. A closed Facebook group showed evidence of some group activities, but overall, the range of activities on offer was sparse and lacked structure. Although individual surveys had recently been completed to gather preferences for activities, this information had not yet been collated or used to inform planning. At the time, there was no designated activities coordinator in post, though someone was due to start soon, which presented an opportunity to use the survey data to guide future planning and improve the overall experience for those in care.

Feedback from people experiencing care and their families indicated a clear desire for more stimulation. Someone said, 'My relative seems good overall... but care is okay but lack of stimulation is the issue.' The main occupation for most individuals was watching television, often with programmes that were not personally engaging or meaningful. One relative said, 'The biggest issue is they are simply watching TV all day and night.' Some relatives supported people with activities during visits, such as playing dominos. Support staff had limited time to support people with other activities, but there were also many missed opportunities observed when staff were in lounges they could have engaged in meaningful activity or connection. There was no evidence in daily notes of how people were meaningfully spending their time. While some activities such as colouring and bingo were observed, these were limited and did not reflect a consistent or person-centred approach.

Personal plans included individuals' likes and dislikes, but these were not clearly used to guide daily routines or activity provision. A previous area for improvement has not been met. See section 'What the service has done to meet any areas for improvement we made at or since the last inspection.' To ensure people get the most out of life and their wellbeing is supported through meaningful activity we have made a requirement. (See requirement 1)

Quality indicator 1.3 - People's health and wellbeing benefits from their care and support

The service showed strengths in clinical oversight, with regular governance meetings that addressed key issues. People's skin integrity was well managed and safety tools like the pressure and falls safety crosses were in use. Referrals to health professionals, were made appropriately. The handover documentation used on each floor was helpful in ensuring important information about people's care and support was passed on. However, communication with families about health updates was not consistently documented, and letters from professionals were not clearly linked to changes in care plans. This meant people could not be confident their care and support was planned based on good practice and evidence-based guidance. (See requirement in section 'How well is our care and support planned?')

Medication was generally well managed and the service planned to incorporate as required medication protocols into the new electronic medication records.

Supporting people to feel clean and well-presented is an important part of promoting dignity and wellbeing. Aspects of personal care, including attention to individuals' hair and nails needed more focus. Personal care records did not assure us that people were receiving baths or showers inline with their choices and wishes. (See area for improvement 1)

The dining experience had been mixed across the service. Downstairs, mealtimes were more positive and relaxed, while upstairs presented challenges, with meals served in a smaller space that lacked a homely feel. The environment was noisy, which impacted the overall experience. Food appeared to be enjoyable, and people seemed to like it. However, some people felt that changes to the evening meal time had shortened the gap between meals. While food and fluid intake was recorded for those who needed it, staff were inconsistent in documenting fortified diets, although staff were knowledgeable about this in practice. Nutrition assessments outcomes were not always reflected in care plans, limiting their effectiveness in guiding nutritional support. (See requirement in section 'How well is our care and support planned?')

Requirements

1. By 23 November 2025, the provider must ensure people have opportunity to promote their wellbeing through meaningful activities and occupation informed by their choices and wishes.

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

- a) ensure staff accurately record the activities people engage in daily
- b) ensure information is recorded in a way that details the level of people's engagement in activities and the outcome achieved
- c) make use of this information to inform future activity planning
- d) offer a range of activities informed by people's choices and wishes, which considers those who may benefit one-to-one support.

This is to comply with Regulation 3 and 4(1)(a) 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: '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) and 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25).

Areas for improvement

1. To support people's wellbeing and ensure their dignity is maintained the service should review people's bathing, showering and grooming preferences to ensure they are being met inline with people's choices and wishes. These should be recorded in personal plans and outcomes recorded in daily notes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected. (HSCS 1.23)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, these only just outweighed weaknesses as key areas need to improve.

Quality indicator 2.2 - Quality assurance and improvement is led well

Although a range of evidence had been gathered through audit activity, there was difficulty in bringing it together to ensure effective oversight of key areas. A service improvement plan was in place, however, it lacked clarity, regular updates, and measurable objectives. It was unclear who was responsible for each area of improvement. To promote shared responsibility and accountability leaders should encourage staff to take an active role in quality assurance activities. Improvements were often identified by the regional manager but not consistently actioned or sustained. Concerns that had been identified in months previous had not been actioned timeously, or prioritised as a matter of urgency when risk identified. Audits, such as for infection prevention and control, highlighted recurring concerns. Managers walk around had been completed but were not always followed up or addressed key issues – such as general cleanliness. Resident of the day was not done consistently which was a missed opportunity. Staff had also reported that deep cleans had not been done which meant we could not be confident in the steps being taken to address this.

Checks were in place for staff registrations with the SSSC (Scottish Social Services Council) however, a few staff had not met their conditions of registration which is imperative for them to remain registered. Improved oversight and ensuring a proactive approach would ensure staff had the opportunity to undertake the relevant qualifications for their role.

Notifications were made to relevant stakeholders and were mostly made in the required timescales. However, there was a lack of analysis of accidents and incidents which meant there was a missed opportunity to learn from these.

A dynamic and responsive service improvement plan that is informed by quality assurance activities and feedback from people, including self-evaluation would support improvement and drive the future direction of the home. (See requirement 1).

Requirements

1. By 23 November 2025, the provider must ensure people are safe and receive quality care and support that meets their needs.

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

- a) Develop a service improvement plan that is informed through quality assurance activities and feedback from people.
- b) Ensure that systems of quality assurance and audits are consistently completed.
- c) Ensure detailed actions are addressed timeously through action plans.
- d) Include an evaluation of progress made.

This is to comply with Regulation 3 and 4(1)(a) 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: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

How good is our staff team?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Quality Indicator 3.3 - Staffing arrangements are right, and staff work well together

Staff worked hard within the home and were well thought of by people experiencing care and relatives. One relative said, 'Staff are nice, kind and respectful.' While another felt morale was low due to changes in the staff team and a lack of consistency. Staffing arrangements had not consistently supported people to receive care beyond their basic needs or to get the most out of life. Concerns had been raised by family members at previous meetings which was shared in meeting minutes and also concerns were gathered during our inspection. With someone stating, 'I feel the home would benefit from more staff during the day and night.' Staff also reported concern about insufficient staffing levels, particularly in relation to the layout of the home, which spanned two floors with limited visibility across corridors and lounges. Reduced numbers of domestic staff had also impacted people's experiences.

Due to an increased number of people who needed the assistance of two staff to support with moving and handling equipment we were not confident that staffing assessments had fully considered there were sufficient staff to provide responsive care. This raised the risk of delays in care when all staff were occupied. Information to support dependency assessments must be reviewed to ensure these accurately reflect people's support needs and also when people are impacted through a cognitive impairment such as dementia.

Although managers expressed improvements were needed in the allocation and deployment of staff to ensure better consistency across the home, staffing assessments still needed to be informed by a full evaluation of the care service. This must include its physical environment and local context, people benefit from more responsive and tailored support. Considering the views and wellbeing of staff, alongside the needs and preferences of people and their families, would help to ensure that staffing levels and deployment matched the actual demands of the service. This approach would support better outcomes for people and create a more person-centred environment where people can receive care and support according to their choices and wishes. (See requirement 1).

Requirements

1. By 23 November 2025, to ensure that people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe.

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

- a) regularly assess and review people's care and support needs
- b) demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements

c) implement quality assurance systems to evaluate people's care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses which put people at risk.

Quality Indicator 4.1 - People benefit from high quality facilities

The environment of the home had not consistently supported people's comfort, dignity, or safety in relation to infection prevention and control. Cleanliness was a concern, with urgent cleaning needed to corridors, lounge areas, and some bedrooms, particularly upstairs. People's bedrooms were personalised and some were very homely which was nice to see. This gave people a sense of belonging. The laundry service was well managed and people spoke positively about how well their clothes were laundered.

The living spaces were functional but attention to décor and furniture quality needed attention due to some surfaces being worn which prevented effective cleaning. Some furnishings in bedrooms were worn and difficult to clean, and some items were noted to be damaged. Items such as a staff office chair, which posed a risk of cross-contamination, was to be replaced. Occasional tables in lounge areas needed urgent attention due to food debris, as did some bedroom items. Although the provider had systems in place, standard operating procedures and cleaning schedules were not followed. Infection prevention and control practices in relation to cleaning did not meet expected standards, placing people at risk. (See requirement 1).

Bins to dispose of personal protective equipment (PPE) were damaged which posed a risk of cross contamination, although these were replaced promptly. Some maintenance safety checks were overdue and there were some gaps in recording. Signage to support wayfinding was inconsistent. Although some painting work had been commenced, many areas still appeared tired, with planned improvements lacking detail and clear timelines. Improvements had been made during the inspection however, overall the environment required significant attention to ensure it was safe, clean, and welcoming for those living there. (See requirement 1).

Requirements

1. By 28 September 2025, the provider must ensure that people are safe and protected by being proactive in ensuring that systems and resources are in place to support good infection prevention and control by maintaining a clean environment. In order to do this, the provider must, at a minimum:

a) ensure that staff are trained, understand and adhere to the contents of the Care Home Infection Prevention and Control Manual (CH IPCM)

- b) ensure the care home environment, furnishings, floor coverings and equipment are kept clean and tidy
- c) maintain accurate records of all regular and deep cleaning
- d) actions identified through Infection Prevention and Control and environmental audits capture all relevant areas for improvement and are addressed timeously.

This is in order to comply with Regulations 3, and 4 (1) (a) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, these only just outweighed weaknesses as key areas need to improve.

Quality indicator 5.1 – Assessment and personal planning reflects people's outcomes and wishes

People benefit from personal plans which are regularly reviewed, evaluated and updated, involving relevant professionals and take account of good practice and their own individual preferences and wishes. While personal plans were in place for people and demonstrated a person-centred approach, plans had not always been updated. Information was not always clearly documented. Some changes were made by scoring out previous entries without indicating the date or rationale, making it difficult to track. A more structured approach to documenting changes would enhance transparency and accountability.

The service was preparing to transition to a new electronic system within the coming weeks, which presented a valuable opportunity to improve documentation, oversight, and the quality of reviews.

Six-monthly reviews were not consistently completed, and in some cases, reviews had not taken place when there had been a significant change. Oversight of the review process required improvement, as documentation was often difficult to locate, incomplete, and lacked evidence of meaningful conversations with people experiencing care or their representatives. Evidence confirming participation or agreement were frequently missed. (See requirement 1).

Risk assessments were present but not always completed accurately. In several instances, initial inaccuracies were replicated in subsequent entries, suggesting a lack of meaningful engagement with the assessment process. These assessments had been incorporated into personal plans, but the overall evaluation process did not consistently reflect a person-centred or outcome-focused approach. The service had a previous area for improvement which was not met. See section 'What the service has done to meet any areas for improvement we made at or since the last inspection.' (See requirement 1).

We sampled daily supporting documents and found that where people needed a specific aspect of their health monitored, these supporting documents were inconsistently completed. This meant people could not be assured their personal plan was in line with best or current practice. Improvements were also needed in

daily recording to ensure these meaningfully evidence how people spend their day. Evidencing how outcomes are being met helps to ensure people's care and support is right for them, and considers their choices and wishes. (See requirement 1).

Requirements

1. By 23 November 2025, the provider must ensure each service user has a personal plan in place which sets out how their health, welfare and safety needs are to be met.

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

- a) a review of the care plan is carried out at least every six months, or if there is a significant change
- b) relevant risk assessments are completed and used to inform the personal plan
- c) where a service user needs a specific aspect of their health monitored, that supporting documents and charts are completed
- d) daily recording is meaningful and clearly sets out how people have spent their day in line with their choices and wishes
- e) communication with families, representatives, or health professionals is clearly recorded.

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).

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 better evidence that people continue to experience activities that are right for them and meet their needs the provider should:

- a) Ensure staff accurately record the activities people engage in daily.
- b) Ensure information is recorded in a way that details the level of people's engagement in activities and the outcome achieved.
- c) Make use of this information to inform future activity planning.

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 area for improvement was made on 12 September 2024.

Action taken since then

This area for improvement has not been met and have made this a requirement. Please see section 'How well do we support people's wellbeing?' for information related activities as this is reported under quality indicator 1.2 'People get the most out of life'.

Previous area for improvement 2

To ensure care delivery accurately reflects people's abilities and fulfils their wants and needs, the provider should ensure:-

- a) all risk assessments are reviewed regularly, following statutory reviews or when people's needs change and
- b) the information contained in the risk assessment matches the detail contained in personal plans.

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 area for improvement was made on 12 September 2024.

Action taken since then

This area for improvement has not been met and has been considered as part of the narrative for key question 5, 'How well is our care and support planned.' We have made a requirement in this area.

Previous area for improvement 3

To promote an inclusive culture of improvement, the provider should use its communication with people, families and external professionals. Their views should be used to inform the service improvement plan.

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

This area for improvement was made on 14 July 2023.

Action taken since then

This area for improvement has not been met and has been considered as part of the narrative for key question 2, 'How good is our leadership.' We have made a requirement in this area.

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

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| How well do we support people's wellbeing? | 3 - Adequate |
| 1.2 People get the most out of life | 3 - Adequate |
| 1.3 People's health and wellbeing benefits from their care and support | 3 - Adequate |

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|---|--------------|
| How good is our leadership? | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |

| | |
|--|----------|
| How good is our staff team? | 2 - Weak |
| 3.3 Staffing arrangements are right and staff work well together | 2 - Weak |

| | |
|---|----------|
| How good is our setting? | 2 - Weak |
| 4.1 People experience high quality facilities | 2 - Weak |

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| 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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