

Clyde Court Care Home Care Home Service

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Clydebank
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Telephone: 01419511133

Type of inspection:
Unannounced

Completed on:
14 August 2025

Service provided by:
Maven Healthcare (Clyde Court) LLP

Service provider number:
SP2022000216

Service no:
CS2022000324

About the service

Clyde Court Care Home in Clydebank provides a care service for up to 70 older people, three of which are to be used for named individuals under the age of 65.

The home is on three levels with lift access and comprises of lounges and a dining area on all floors. All rooms have an ensuite, with bathroom and shower facilities on each floor. There is garden space that is accessible from the ground floor. The home is near local shops and cafes, and is within walking distance to the nearby train station.

At the time of inspection, there were 59 people living in the home.

About the inspection

This was an unannounced follow up inspection which took place on 11 and 12 August 2025 between the hours of 10:00am and 17:25pm. This report should be read in conjunction with the report from our previous inspection which concluded on 26 June 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 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 two people using the service
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional

Key messages

Although there had been some improvement in some aspects of IPC (Infection Prevention and Control), further resources were required to improve this to a better standard. This requirement has not been met and has been extended.

Some amendments to staffing had made a positive impact, but additional consideration should be given to ensure all aspects of people's care and support are fully met.

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

Requirements

Requirement 1

By 7 August 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. 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) Infection Prevention and Control audits capture all relevant areas for improvement

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).

This requirement was made on 26 June 2025.

Action taken on previous requirement

Some staff at the service had undertaken new training offered and facilitated by the local Health and Social Care Partnership. Staff who attended were positive about what they had learnt and a further session was in the process of being arranged. The service planned to cascade this training to other staff members and to complete competency observations for staff, but neither of these actions had yet been put into practice. No other additional role-specific training, particularly in Infection Prevention and Control (IPC), was identified or provided. Key staff confirmed they had not received IPC-relevant training.

We saw some improvements in cleanliness in the bedrooms and ensuites we revisited. This included some new flooring and furniture, some people had moved to a different room. However, we did find a further two mattresses which required to be replaced and we shared this with the service who actioned this during the inspection. We noted there were missed opportunities to action cleaning in relation to a room that was temporarily vacated.

The service supplied recent cleaning records which showed deep cleans in people's rooms were not taking place as often as had been intended. There were some gaps in daily bedroom cleaning and also in cleaning of communal areas. The service documented missed rooms and reasons to justify the need for more domestic support. We advised that it was already clear that current provision of staff was not sufficient and that the requirement we had made referenced systems and resources that must be in place by the date given.

We did find that laundry was better managed and staff told us that additional bed linen had been purchased. Some sluice rooms and communal toilets and bathrooms had not been sufficiently cleaned, despite being highlighted at our previous inspection. The service had undertaken some audits which did capture some issues and documented some actions. These audits had not identified all of our concerns from this or our previous inspection. We were not assured that people were protected from the spread of infection, as cleaning schedules and regimes were not based on good practice guidance or carried out when needed. Either because there were not enough domestic staff, or because staff have not had the necessary support to devise an effective schedule.

This requirement has not been met and has been given an extended timescale until 12 September 2025.

Not met

Requirement 2

By 20 October 2025, the provider must ensure people live in a well led service that is safe and provides care and support that meets their needs. To do this, the provider must, at a minimum:

- a) ensure that systems of quality assurance are in place for key areas and audits are consistently completed
- b) detail actions taken to address any identified improvement and have clear responsibilities
- c) include an evaluation of progress made
- d) notify the Care Inspectorate of all relevant events under the correct notification heading, within the required timeframe, include detail of their handling of the event, communication with stakeholders and provide updates if applicable

This is to comply with Regulation 3 and 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:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

This requirement was made on 26 June 2025.

Action taken on previous requirement

This requirement will be assessed at the next inspection due to the associated timescale.

Not assessed at this inspection

Requirement 3

By 20 October 2025, the provider must ensure that people are safe, protected and comfortable by being proactive in ensuring that systems and resources are in place within an environment that is well-maintained. In order to do this, the provider must, at a minimum:

- a) ensure the care home environment, furnishings, floor coverings and equipment are well-maintained and in a good state of repair
- b) any items that are damaged or defective must be discarded and replaced in a timeous manner
- c) implement robust environmental auditing, incorporating actions in to a development plan and demonstrate that any issues have been resolved

This is in order to comply with Regulations 3, 10(2)(b) and (d) 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 experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This requirement was made on 26 June 2025.

Action taken on previous requirement

This requirement will be assessed at the next inspection due to the associated timescale.

Not assessed at this inspection

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 health and wellbeing, the manager should ensure that the right number of qualified staff are on duty each shift, to provide safe and effective care.

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' (HSCS 3.14); and 'My needs are met by the right number of people' (HSCS 3.15)

This area for improvement was made on 13 February 2025.

Action taken since then

During our observations we did see some improvement in visibility of staff around the units and did not witness any delays responding to people who were requesting support. There had been some amendments to staffing, which had made some positive impact. Further consideration is needed to ensure there are enough staffing resources to fully support people with their mobility and exercise regimes, which have been recommended by health professionals. We sampled rotas and dependency tools which the service were using. We made some further suggestions regarding safer staffing and ensuring known upcoming events have been factored into planned staffing levels.

This area for improvement has not been met and will be repeated.

Previous area for improvement 2

Clear, detailed records should be maintained to ensure that care is provided as prescribed, instructed and to better track the effectiveness of oral hygiene interventions. Additionally, staff should receive further training on addressing the oral care needs of residents with dementia, ensuring that their comfort, dignity, and health are prioritised consistently.

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 18 April 2025.

Action taken since then

Not assessed at this inspection due to only recently being stated.

Previous area for improvement 3

The service must ensure that care documentation related to continence support is detailed, consistent, and reflective of the care provided. This includes clear guidance for staff on how to support individuals who may remove continence aids, as well as consistent recording of when continence care is provided.

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 18 April 2025.

Action taken since then

Not assessed at this inspection due to only recently being stated.

Previous area for improvement 4

The service should ensure that people who have fallen have any risks clearly reassessed. Any risks identified should be minimised through analysis of patterns, mobility needs and when appropriate referrals made. This should be reflected through risk assessments and in care plans.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18)

This area for improvement was made on 26 June 2025.

Action taken since then

Not assessed at this inspection due to only recently being stated.

Previous area for improvement 5

The service should ensure that care plans are familiar to staff, regularly accessed, updated and meaningfully reviewed. This should include agency staff receiving care plan summaries for those they are to support.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23)

This area for improvement was made on 26 June 2025.

Action taken since then

Not assessed at this inspection due to only recently being stated.

Complaints

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

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