

Baillieston Care Home Care Home Service

Baillieston Care Home
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Telephone: 01414137050

Type of inspection:
Unannounced

Completed on:
29 August 2025

Service provided by:
Clyde Care Limited

Service provider number:
SP2016012834

Service no:
CS2022000213

About the service

Baillieston Care Home is a purpose built two storey building within the residential area of Baillieston in Glasgow.

The home provides care and support for up to 60 older people. The home is accessible to public transport routes and motorway. There are local amenities including shops near the care home.

The service provides a secured garden area easily accessible from the ground floor lounge.

At the time of the inspection, the home had 59 people living in the service.

About the inspection

This was an unannounced inspection which took place on 26 to 29 August 2025 between 7:30 and 21:15 hours. The inspection was carried out by three inspectors from the Care Inspectorate and two inspection volunteers.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with 10 people who used the service and 10 of their relatives
- spoke with 12 staff members and the management
- spoke with two external professionals
- observed practice and daily life
- reviewed documents
- obtained feedback from three other residents through survey questionnaires.

Key messages

- People living in the care home were overall happy with their care and support.
- Staff knew people's needs well and were kind and caring.
- People's food choices and preferences should be considered.
- People's specialist diets should be reviewed regularly.
- The home needs to improve their quality assurance systems.
- The home is working with our registration team to submit an updated environmental plan.
- Personal planning and recording should improve.

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

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 were relaxed in staff company and there was warmth, kindness and compassion being delivered. People told us that they were overall happy about living in Baillieston Care Home and about the care and support provided by staff. One relative told us staff are "always attentive and caring" and a person using the service said "staff are brilliant." Staff engaged well with people in each unit, however people would benefit from more meaningful conversations and engagement with staff in the lounge areas.

People benefit when cared for by staff who know their needs. Reassuringly, 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. Staff were knowledgeable of people's needs and demonstrated positive values. This helped build strong relationships and continuity of care.

How people spend their day is important in maintaining their physical and mental wellbeing. Monthly activity plans included a wide range of activities including arts and crafts, chair exercises, coffee gatherings, entertainers and British Sign Language sessions. A minibus supported community involvement. Some improvement is needed to ensure daily records reflect the activities taking place, as they lacked detail on participation and enjoyment.

Mealtimes were mostly positive. While presentation was good, some people said they did not always enjoy the food. It was unclear how often people were consulted about food quality or choices. At lunchtime, only one hot option was available, with sandwiches as the alternative. After raising this with management, the kitchen introduced a second hot option going forward. The service should ensure people have regular opportunities to be involved in choosing the food and drinks that suit them. Regular monitoring and auditing of people's nutritional experiences should be carried out reflecting the achieved outcomes and benefits. (See Area for Improvement 1).

Medication management was well managed, including the use of, 'As Required' medication protocols. These helped staff make decisions as to when medication was needed if people could not express their views. Electronic Medication Recording System (E-MARS) improved communication with the GP and pharmacy, as this is a live system which supported timely decision making. Health assessments and care for wounds, oral and podiatry needs were also well-managed.

People who experienced stress and distress due to a cognitive impairment were supported well by staff. We found improvements could be made on the recording tools as they lacked detail. These are helpful as they can inform people's care plan and treatment, but we noted staff needed more training on completing these (See related Area for Improvement 1, under Key Question 5, 'How well is our care and support planned?').

People should have a personal plan aligned to best practice guidance. Records were inconsistent across the home with both units recording information differently. This meant there were some gaps in food and fluid records which could put people at risk. Plans should better reflect current needs, especially around nutrition and hydration, as these allow timely decisions to be made when needed. Steps were taken to address this when highlighted to management. We have made an area for improvement to ensure consistency. (See Area for Improvement 1).

Areas for improvement

1. To promote people's health and wellbeing, the service should ensure:

- a) people's nutritional needs are regularly monitored and audited
- b) reflect people's personal choices and preferences
- c) reflect their personal plans and any specialised support required

This also ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'To ensure people experiencing care can have confidence that their health and wellbeing is monitored carefully, there should be a clear and consistent approach to food and fluid monitoring to inform care plan development and review'

and

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

How good is our leadership?

3 - Adequate

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

People should have confidence that the service is well led and managed. There have been further changes within the management team since the last inspection. Clear communication between management and staff was in place, as effective daily meetings and handovers ensured everyone was aware of key issues in the home. This helped keep people safe and well.

Effective systems to assess and monitor quality should be in place. The new management team needed time to demonstrate sustainability and embed a culture of continuous improvement to enhance outcomes for people. While audits identified areas to improve, it was unclear how this information was used to drive change. There was also a lack of observations of practice and staff supervision, which could increase the risk that poor practice could go unnoticed. Management should embed stronger oversight and accountability, with a focus on completing actions and strengthening quality assurance. (See Area for Improvement 1)

An overview of all accidents, incidents and complaints was in place which meant management had good oversight of key areas. The service had improved their reporting to external bodies such as social work and the Care Inspectorate. This helped to keep people safe and minimise recurring issues, and meant key stakeholders were well informed.

Management should demonstrate an understanding about what is working well and what improvements are needed. Although a service improvement plan was in place, this should be updated and include opportunities for self-evaluation which would help the service to focus on areas of priority. This would allow them to reflect on the improvements made and ensure people's outcomes and experiences are central to the process.

Recruitment checks were in place, but quality assurance of files and trackers would improve oversight. When staff need to be registered with a professional body such as the Scottish Social Services Council (SSSC), records held to monitor this should be included in audits.

Areas for improvement

1. To promote people's wellbeing and safety, the service should develop robust quality assurance systems. This includes, but is not limited to:

a) regular audits of key areas such as medication, falls, meal time experiences and care planning

b) staff observations of practice

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

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.

Numbers and skill mix of staff should be determined by a process of continuous assessment. The service used a recognised dependency tool to assess people's care and non-direct care needs. Some staff told us they felt under pressure to return to work due to staff shortages. Staffing levels were discussed in daily flash meetings and team meetings, which meant management had oversight of deployment each day. Staff were visible throughout the inspection and provided support for people when needed. People received support promptly, which meant staff were not rushed during the day.

Staff worked well together and communicated well as a team. They told us that despite more changes within management, staff morale had improved. An Employee Assistance Programme which could support staff wellbeing was also in place, although not all staff were aware of this.

Many of the senior staff had worked in Baillieston Care home for a number of years. Relatives felt reassured with the familiarity of a consistent staff team. One relative told us, "the long term staff are well aware of their remit and nursing and caring role." A second relative said, "any concerns I have I report right away and staff try to help."

People should have confidence that the staff who support them are trained, competent and skilled. Training compliance was at a high level which meant people could be assured staff had received the relevant training for their role. This included E-learning which covered a wide range of mandatory training including infection prevention and control, health and safety and adult support and protection. This had been complemented with some face-to-face sessions and the new management team had plans to strengthen the training further.

Newly employed staff received an induction to prepare them fully for their role. Management agreed new staff would benefit from regular supervision during probation to ensure they were supported. Observation of practice would give staff the opportunity to reflect on how they are doing.

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 who live in the home should experience a high quality environment. We were reassured that people were living in a warm and safe environment. Communal areas, such as lounge rooms and dining areas, were decorated and furnished to promote people's comfort. People's bedrooms were spacious and personalised which reflected people's choice. The Care Provider, however, should ensure mechanisms are in place in order to ensure individuals living in the care home can choose to regulate the temperature of their environment. (See Area for Improvement 1)

A review of cleaning schedules evidenced that housekeeping staff were responsible for cleaning all areas of the care home more frequently. Some areas of the home, including floors, should be cleaned more regularly to reduce the risk of infection and promote people's safety. The use of appropriate products should be included in quality assurance systems to ensure consistency. The laundry had one door entry/exit and therefore needed the clean and dirty areas to be clearly marked.

The ground floor corridor carpet should be replaced as it was worn and meant it could no longer be cleaned effectively. Staff worked hard to maintain it to an acceptable standard but with some difficulty. Management confirmed this would be replaced promptly and the date for replacement should be included in their environmental plan. (See Area for Improvement 2)

Maintenance staff completed their duties well. They regularly visited all areas of the care home, and had identified and addressed any issues, and had completed important health and safety checks. Maintenance records were in place and also audited. This meant people could be assured their environment was safe and well maintained.

The care home had an enclosed and attractive garden area. During our visits, we noted the garden was accessed by those living in the service and their visitors.

The provider had not progressed a condition of registration in relation to their environmental improvement plan. The registration team were working with the service to make a variation to ensure this gets followed up appropriately.

Areas for improvement

1.

To promote people's wellbeing, the provider should improve the care home setting and it's approach to infection prevention and control. This includes, but is not limited to:

- a) replacing the ground floor corridor carpet
- b) updating the environmental improvement plan in line with the conditions of their registration
- b) submit a variation to ensure conditions of registration accurately reflect any changes detailed within the environmental improvement plan.

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

2. The Care Provider should ensure mechanisms are in place in order to ensure individuals living in the care home can choose to regulate the temperature of their environment.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.' (HSCS 5.19)

How well is our care and support planned?

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 service demonstrated good practice in ensuring that appropriate legal documentation was in place for individuals who lacked capacity. This included clear records of power of attorney and designated decision-makers, which enabled staff to consult the correct individuals regarding care decisions. This approach effectively upheld people's legal rights and contributed to safeguarding them from potential harm.

People nearing the end of life experienced well-coordinated and compassionate care, supported by anticipatory care planning and effective collaboration with GPs and families. This ensured that individuals received appropriate medication and comfort measures, promoting dignity, reducing distress and enhancing their overall quality of life during palliative stages.

Most personal plans contained information which was detailed, although some improvement is needed to ensure they are person-centred. Personal plans and risk assessments had been updated and these informed staff practice on how people's care and support was to be provided. We have made an area for improvement to support developments in personal planning to ensure this is outcome focused and informed by people's choices and wishes (See Area for Improvement 1).

Legislation supports that people should have the opportunity to have their personal plan reviewed at least every six months, or if there is a significant change. Reviews had taken place and had involved people, which is important. While a few were still to take place, plans had been made to undertake them. A tracker was in place to ensure oversight and management.

Areas for improvement

1. To promote people's wellbeing, the service should improve the standard of personal planning to ensure this is outcome focused and informed by people's choices and wishes. To do this, they should ensure;

a) staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved

b) there are effective monitoring systems and clear support strategies in place to guide staff with regards to the whereabouts of individuals who are known to walk with purpose

c) staff consistently implement all falls prevention measures outlined in individual care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) and 'My future care and support needs are anticipated as part of my assessment (HSCS 1.14) 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)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The manager should ensure that activities are organised to improve physical and mental wellbeing for people. This would enshrine the right of people to take part in activities that are of interest and meaningful to them.

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

This area for improvement was made on 27 September 2024.

Action taken since then

We observed that there were monthly activity plans which included a wide range of activities including, arts and crafts, chair exercises, coffee gatherings, entertainers and British Sign Language sessions. A minibus supported community involvement.

This Area for Improvement has been met.

Previous area for improvement 2

To promote people's wellbeing, the provider should improve the care home setting and its approach to infection prevention and control. This includes, but is not limited to, implementing a separate environmental plan, meeting with housekeeping staff more regularly, ensuring appropriate levels of staff and stock are in place, and improve or replace a specific carpet area as agreed.

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

This area for improvement was made on 27 September 2024.

Action taken since then

Some improvements were noted, including better communication with housekeeping, appropriate staffing levels, and increased stock availability. However, the environmental plan requires updating, and the carpet remains unreplaced.

This Area for Improvement has been met, however a new Area for Improvement has been identified to address outstanding tasks in line with registration conditions.

Previous area for improvement 3

The service should ensure that all staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved.

This is to ensure that 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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This area for improvement was made on 27 September 2024.

Action taken since then

Most personal plans were detailed and informed staff practice; however, further improvement is needed to ensure they are fully person-centred.

The Area for Improvement has not been met, however a new one has been set to support the development of outcome-focused plans that reflect individuals' choices and wishes.

Previous area for improvement 4

To promote people's health and wellbeing, the service should ensure people who are on specialised diets are regularly reviewed to ensure the correct level of monitoring is in place.

This also ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'To ensure people experiencing care can have confidence that their health and wellbeing is monitored carefully, there should be a clear and consistent approach to food and fluid monitoring to inform care plan development and review'

and

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

This area for improvement was made on 10 January 2025.

Action taken since then

We identified inconsistencies in recording practices across the two units, leading to gaps in food and fluid records that could place people at risk. Personal plans should more accurately reflect current nutritional and hydration needs to support timely and informed decision-making.

This Area for Improvement has not been met, however we have made a new Area for Improvement to ensure people's nutritional needs are regularly monitored and audited, reflect people's personal choices and preferences and reflect their personal plans and any specialised support required.

Previous area for improvement 5

To promote people's wellbeing and safety, the service should develop robust quality assurance systems.

This includes, but is not limited to, regular audits of key areas such as medication and care planning, and staff observations of practice.

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

This area for improvement was made on 10 January 2025.

Action taken since then

We found the new management team needed time to demonstrate sustainability and embed a culture of continuous improvement to enhance outcomes for people. While audits identified areas to improve, it was unclear how this information was used to drive change. There was also a lack of observations of practice and staff supervision, which could increase the risk that poor practice could go unnoticed.

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

Previous area for improvement 6

To support people's health and wellbeing, the manager should ensure that dietary and swallowing support needs are consistently met in line with care plans and professional guidance. Staff must accurately complete food and fluid charts and clearly document any assistance provided.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.'

This area for improvement was made on 18 July 2025.

Action taken since then

This Area for Improvement has not been met, however we have made a new area for improvement to ensure people's nutritional needs are regularly monitored and audited, reflect people's personal choices and preferences and reflect their personal plans and any specialised support required.

Previous area for improvement 7

To support people's health and wellbeing, the manager should ensure that skin care and tissue viability practices are consistently implemented and clearly documented.

Staff should be supported through training and supervision to understand the importance of these practices in preventing skin breakdown and promoting healing.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me.'

This area for improvement was made on 18 July 2025.

Action taken since then

Care plans show wounds are clearly documented on body maps, with detailed and regularly updated skin integrity plans. Photographs are used to monitor wounds, though more frequent imaging would better track changes. Some recording gaps were noted. Referrals to health professionals are appropriate, with advice followed and documented. Pressure-relieving equipment and skin bundles are in place, and people are regularly repositioned using suitable equipment. Staff receive training in pressure area risk assessment, and the care home is working to strengthen its training programme.

This Area for Improvement has been met.

Previous area for improvement 8

To support people's health and wellbeing, the provider should ensure staff consistently implement all falls prevention measures outlined in individual care plans.

This includes the proper and reliable use of equipment such as hoists, lap belts, crash mats and appropriate footwear. Staff should also be reminded of the importance of accurately documenting care interventions, particularly in relation to high-risk needs like falls.

Improving staff awareness, accountability and oversight in this area will help ensure safer, more consistent care and reduce the risk of harm.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: '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.'

This area for improvement was made on 18 July 2025.

Action taken since then

We observed that staff still require to consistently implement all falls prevention measures outlined in individual care plans.

This Area for Improvement has not been met, however we have made a new area for improvement to support developments in personal planning to ensure this is outcome focused and informed by people's choices and wishes.

Previous area for improvement 9

The Care Provider should ensure mechanisms are in place in order to ensure individuals living in the care home can choose to regulate the temperature of their environment.

This is to ensure care and support is consistent with Health and Social Care Standard 5.19: 'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.'

This area for improvement was made on 6 August 2025.

Action taken since then

Whilst there are contingencies in place should the temperature be at deemed at an unacceptable level, the provider has still to install additional thermostats into each person's bedroom.

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

Previous area for improvement 10

To ensure people's privacy and dignity is respected at all times, the care provider should ensure there are effective monitoring systems and clear support strategies in place to guide staff with regards to the whereabouts of individuals who are known to walk with purpose.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: 'My future care and support needs are anticipated as part of my assessment.'

This area for improvement was made on 6 August 2025.

Action taken since then

We found there were no effective monitoring systems and clear strategies in place to guide staff in supporting people who walk with purpose to redirect them should they enter people's bedrooms.

This Area for Improvement has not been met, however we have made a new area for improvement to support developments in personal planning to ensure this is outcome focused and informed by people's choices and wishes.

Previous area for improvement 11

People's personal data should be safeguarded and respectfully stored, the care provider should ensure staff are given protected time to complete records and all personal and sensitive information relating to people experiencing care and staff should be stored safely and securely, and not accessible in communal areas.

This is to ensure care and support is consistent with Health and Social Care Standard 4.27: 'I experience high quality care and support because people have the necessary information and resources.'

This area for improvement was made on 6 August 2025.

Action taken since then

We found that recording of people's plans were completed by staff when there was appropriate time given and stored safely and securely, and not accessible in communal areas.

This Area for Improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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