

Nazareth House Care Home Service

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Glasgow
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Type of inspection:
Unannounced

Completed on:
24 October 2025

Service provided by:
Nazareth Care Charitable Trust

Service provider number:
SP2013012086

Service no:
CS2013317817

About the service

Nazareth House is registered to provide care for 70 older people with physical/sensory impairment, some of whom may be living with dementia.

There were 70 people using the service at the time of this inspection. The provider is Nazareth Care Charitable Trust.

This purpose-built home is situated in Cardonald, Glasgow, and is close to local amenities and transport links. The home is made up of two units, Larmenier on the ground floor and St. Theresa's on the first floor.

Each unit has a dining room, several lounges and communal bathrooms. Within the home there is a café area, hairdressing salon and a cinema. All bedrooms are single occupancy with en suite walk-in shower and toilet facilities.

There is a large, enclosed garden with raised beds where residents can participate in gardening, if they so wish.

About the inspection

This was an unannounced inspection which took place between 9 and 24 October 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 throughout the inspection year.

In making our evaluations of the service we:

- spoke with six people using the service and five relatives
- spoke with 18 staff and management
- communicated with one visiting professional
- observed practice and daily life
- reviewed documents.

Key messages

- People were very satisfied with the care and support provided by kind and nurturing staff.
- Responsive care was provided to meet the changing needs of people.
- Further work was needed in developing support plans and associated documentation.
- Staff supervision sessions needed to align to organisational policy.
- The environment enhanced people's day to day experiences through the design, cleanliness and maintenance.
- The management team worked in partnership with people using the service, staff and relatives to identify priorities for improvement.

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 setting?	5 - Very 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 benefited from positive, warm and nurturing interactions with staff. We heard consistent feedback from residents, and all of the relatives that we spoke with, that staff were kind, knew the wishes and preferences of each person and strived to provide good standards of care.

We received many comments around the standards of care provided and how responsive the service was to changing needs from people we spoke with and relatives.

"The care is excellent. They [relative] is always clean looking, well looked after, staff are respectful."

"Overall, I am happy with the care provided by staff."

Having an up-to-date support plan is important for directing staff and ensuring people benefit from a consistent approach to support. Further improvement was needed to ensure support plans were consistently up-to-date and reflected recent changes to people's prescribed medications. These should also reflect recently acquired infections and provide clearer guidance for staff when supporting people who experience emotional distress.

There were plans to move onto an alternative electronic support planning and monitoring system which is anticipated to help address the above. The area for improvement made at the previous inspection in connection with support planning was not met.

Having regular nutritious food and being well hydrated is important to help keep people well. We observed people receiving well-cooked and nutritious meals. Snacks and drinks were offered to people regularly throughout the day and evening. Staff, however, did not consistently record when this was offered and actions taken when targets were not being met for people who had been identified at risk. This was an area identified by management which required further work. The area for improvement made at the previous inspection was not met.

Having the right medication at the right time is important for keeping well. People were receiving medication as prescribed. Staff were also proactive at referring people to external professionals when they detected changes in the health and wellbeing of individuals. An external professional confirmed that this occurred and they were confident in staff following any recommendations made to help improve the health and wellbeing of each person.

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People shared how the environment enhanced their day-to-day experiences.

"I think the home is very comfortable - my relative brought some things in from home when they first moved in which helped them settle into the new environment."

"The grounds are lovely and it is something that we use when we visit."

The design and layout of the home offers people a range of places to spend their time. We observed people using destination areas and quieter lounges as well as enjoying the café with visitors. Activities were carried out in a number of rooms throughout the home.

Relatives shared that the management team had been very supportive and offered the use of rooms in order that they could be with their loved one at the end of their life.

Staff had used the environment to benefit people. For example, the small quiet lounges were used at meal times for people who needed assistance and this minimised distractions.

The design of communal areas and signage helped orientate people and aligned to good practice guidance.

Bedrooms were spacious, well-equipped, personalised and promoted privacy and dignity through the availability of an en suite shower and toilet.

Equipment helped keep people safe and helped alert staff when assistance was needed, for example sensor alarms placed within bedrooms.

People were helped to keep connected with their faith. Religious and spiritual needs were met by being supported to attend mass on site or to join the service remotely, if people wished.

There was one assisted bathroom facility which was out of commission. There were plans in place to address this.

The management team had involved key people including relatives with developing the gardens to benefit people and their visitors.

Cleanliness throughout the home was completed to a high standard with staff following cleaning schedules.

Personal protective equipment (PPE) was readily accessible for staff use with best practice guidance displayed for staff throughout the home. Staff practice in the use and disposal of PPE aligned to this guidance.

People were kept safe through regular environmental audits being completed and servicing of equipment aligned to manufacturers' guidance.

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 provider must ensure a consistent approach to escalating concerns relating to adult support and protection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

This area for improvement was made on 29 August 2024.

Action taken since then

Improvements had been made to the reporting to external agencies including the Care Inspectorate when concerns around adult support and protection are raised. The systems have been developed meaning that there is improved follow-up when any adverse events occur.

This area for improvement has been met.

Previous area for improvement 2

Staff supervision processes should follow organisational procedure.

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, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14)

This area for improvement was made on 29 August 2024.

Action taken since then

There were some gaps within the supervision and staff appraisal tracker used by the management team. However, we could see that there had been an increased focus to address this area since July 2025.

This area for improvement has not been met.

Previous area for improvement 3

To ensure people's needs are accurately recorded and consistently guide staff to keep people safe and well, personal plans and risk assessments should be re-evaluated following any adverse event.

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).

This area for improvement was made on 29 August 2024.

Action taken since then

Through examining support plans and risk assessments further work was needed to achieve this area for improvement and for staff to adopt a more consistent approach. The service intends moving to a new electronic system which they hope will help address this area.

This area for improvement has not been met.

Previous area for improvement 4

Where people are assessed as being at risk of dehydration, daily fluid targets should be identified and robust monitoring arrangements in place to evidence people's intake.

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 29 August 2024.

Action taken since then

Staff practice was good in relation to offering people regular drinks throughout the day and evening. Individual targets had been set for people identified as being at risk of dehydration. However, there continued to be improvement needed with recording drinks offered, amounts consumed and further actions when targets were not being reached. The management team recognised ongoing work was needed.

This area for improvement has not been met.

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 setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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