

## Clyde Court Care Home Care Home Service

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Clydebank  
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Telephone: 01419511133

**Type of inspection:**  
Unannounced

**Completed on:**  
23 October 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 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 visit there were 52 people living in the home.

## About the inspection

This was an unannounced follow up inspection which took place on 21 October 2025 between the hours of 10.00 and 15.20. This report should be read in conjunction with the report from our previous inspection which concluded on 26 June 2025, and other follow up inspections which concluded on 14 August and 17 September 2025. 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 three people using the service and one of their family/friends/representatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- consulted with representatives from the local Health and Social Care Partnership.

## Key messages

Leadership and management at the home had improved and oversight was more effective, but clearer recordings and more consistent approaches could further improve this area. Reporting of events had increased and actions were being taken to improve outcomes for people living at the service.

The home environment had benefitted from some refurbishment and further improvements were planned. Routine environmental checks were being made.

People's oral care needs and records were mostly reflective of support received, but continence care recordings could have been more effectively captured.

Actions taken after falls for people, or preventative measures, had improved outcomes for people.

Care plans required further work to ensure they were meaningfully updated and reviewed for inconsistencies and recording gaps.

## 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 good is our leadership?	3 - Adequate
How good is our setting?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How good is our leadership?

3 - Adequate

To reflect improvements, we have regraded this key question from weak to adequate, where strengths just outweighed weaknesses.

A follow up inspection took place to measure the action taken in response to the outstanding requirement relating to quality indicator 2.2 'Quality assurance and improvement is led well'. Full information can be found later in this report under "What the service has done to meet any requirements made at or since the last inspection."

### Areas for improvement

1.

The service should ensure that quality assurance documents are fully and consistently applied and recorded. This should include clear accountability for which staff should complete actions, by when and should be signed off to confirm progress and/or completion.

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

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

2.

The service should comply with the Care Inspectorate guidance 'Adult care services: Guidance on records you must keep and notifications you must make'. The provider should notify the Care Inspectorate of all relevant incidents under the correct notification heading and within the required timeframe.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20)

## How good is our setting?

3 - Adequate

To reflect improvements, we have regraded this key question from weak to adequate, where strengths just outweighed weaknesses.

A follow up inspection took place to measure the action taken in response to the outstanding requirement relating to quality indicator 4.1 'People experience high quality facilities'. Full information can be found later

in this report under "What the service has done to meet any requirements made at or since the last inspection."

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

### Requirements

#### Requirement 1

By 20 October 2025, the provider must ensure people live in a well led service that 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

Audits were in place and had been streamlined since our previous inspection. Some records were well completed and showed improved oversight of the home. Management presence within the home had increased and regular walk rounds were now routinely taking place. New management at the home was in place and there had been increased support from the wider organisation. There had been ongoing and intensive support from the local Health and Social Care Partnership.

We were able to triangulate some recordings with our observations and with notifications that had been made to us. However, not all recordings clearly captured which actions had been taken and some processes were not yet fully utilised and embedded into practice. Although the service had made notifications to us, not all were within the required timescale and some lacked detail. Enough overall progress had been made to meet this requirement but to support the service to make further progress we have made two new areas for improvement under key question 2 'How good is our leadership?'

## Met - within timescales

### Requirement 2

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

The environment had much improved at the home and ongoing checks had been put in place to ensure that ongoing or emerging issues were quickly picked up and actioned. Some remedial actions had already taken place and other refurbishments were planned or being considered. People's rooms and ensembles that had previously required remedial work had been vastly improved with renewed flooring, decoration and furnishings. Defective items had been renewed or put out of action until further work could take place.

## Met - within timescales

## 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

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

The care plans that we sampled included information on people's oral hygiene support needs. Some could have been more detailed, but ongoing care plan audits should pick up on those which would benefit from additional information. Most people had clear records on when oral care had taken place. Management were making checks on any gaps in these recordings and there were records of when people had last seen a dentist. The percentage of staff who had completed oral health training was high and some staff competency observations had taken place.

**This area for improvement has been met.**

#### Previous area for improvement 2

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**

The care plans that we sampled were mostly clear with regards to the level of support that people required with continence care. Whilst some records of continence care interventions were well recorded, others showed lengthy gaps between times of when support had been provided. We found no evidence of poor outcomes in terms of people having soiled/ wet clothes or malodours but pointed out the importance of being able to clearly evidence what actions staff had taken. We asked the service to check that staff had access to the handheld recording devices that were in use.

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

**Previous area for improvement 3**

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**

There had been a recent drop in the number of falls being reported and some successful interventions had been put in place. These included appropriate referrals to external professionals, equipment put in place and some additional staffing levels. We could see that post-fall observations had been recorded and risks reassessed. Medical assistance had been sought for those requiring this.

**This area for improvement has been met.**

**Previous area for improvement 4**

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

Most events could be triangulated with people's care plans, and we could see where updates had been made to these records. We were also aware of some events that had not been captured within people's care plans. Additionally, some care plans contained inconsistent and contradictory information, despite having been recently reviewed by staff members. There had been improvements in noting if people had, or did not have, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place or Adults With Incapacity (AWI) status. Care plan summaries had clearer information that could be shared should people require hospital admissions. Agency staff had been receiving care plan summaries for the people that they were supporting. Further work should be done to ensure meaningful reviews of care plans, which pick up inconsistencies and recording gaps.

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

## Complaints

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

## Detailed evaluations

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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