

Clarence Court Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
2 December 2025

Service provided by:
Maven Healthcare (Ashnur) LLP

Service provider number:
SP2022000177

Service no:
CS2022000265

About the service

Clarence Court Care Home is registered to provide care to a maximum of 49 older people with assessed support needs. They currently support one person under the age of 65. At the time of the inspection, the home had 41 people living in the service.

The home is situated in the Broomhill area of Glasgow and is near to local shops, cafés, and restaurants with good links to local transport. There are secure gardens around the property as well as a large patio area to one side of the building. The service is provided over three floors and has a basement level which houses the laundry, kitchen, hairdressers, staff facilities and a meeting/training room. Bedrooms are en-suite with toilet and shower facilities and there are communal areas on each floor which include toilets, bathrooms, a dining area and lounge.

About the inspection

This was an unannounced inspection which took place on 25, 26 and 27 November 2025 between the hours of 9:30 and 20:30. 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 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 who used the service and eight of their relatives
- spoke with 12 staff members and the management
- spoke with four external professionals
- observed practice and daily life
- reviewed documents.

Key messages

- The care home was warm and welcoming.
- Staff knew people well and treated them with kindness and respect.
- Families were complimentary about the quality of care their loved ones received.
- The service needed to improve their decision making around staffing levels in the home.
- The service needed to ensure documentation on 'As Required' medication is consistent across all units in the home.
- Meaningful engagement should be embedded into every day practice.

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?	4 - Good
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, with several important strengths that clearly outweighed areas for improvement.

People were relaxed in staff company, and care was delivered with warmth, kindness, and compassion. Families were complimentary about the quality of care their loved ones received. One relative told us, "I feel confident that my mother is receiving proper care." A person using the service said, "Staff are wonderful. They have helped me to settle in." People could expect to be cared for by staff who knew their needs. There was a core staff team in each unit who were knowledgeable and demonstrated positive values.

How people spend their day is important in maintaining physical and mental wellbeing. The home had a dedicated activities worker and a recently recruited second team member who encouraged residents to participate at their own level and choice. Activities focused on the mind, body and soul, and included poetry, chair exercises and reminiscence. There were also regular Silent Discos, Pet Therapy sessions, and visits from local entertainers to promote stimulation and wellbeing. A private Facebook page and newsletter were used to update families on activities, and people were supported to connect with friends and family through Zoom so that meaningful relationships could be sustained.

Staff require additional training in dementia care and communication to ensure emotional needs are met and social engagement becomes routine. The existing Area for Improvement will be updated to focus on embedding meaningful engagement into daily practice and strengthening social interactions outwith planned activities. (See Area for Improvement 1)

The presentation and quality of the food were good, and most people told us they enjoyed their meals. There was a strong staff presence in the dining room, and those who required assistance were supported appropriately. Mealtimes were relaxed and unhurried. However, there were no alternative options for people on textured diets. We raised this with the kitchen staff and management, who agreed to revise the menu to ensure suitable alternatives would be available.

People should have a personal plan aligned with best practice guidance that reflects their current needs and directs staff on how to meet those needs. A review of personal plans showed evidence that staff had improved their assessment skills, as social needs and outcomes were captured more effectively.

People have the right to appropriate healthcare. Referrals to and input from relevant healthcare professionals, including the Care Home Liaison Nurse, Falls Team, Podiatrist, Optician, Dentist, GP, Dietician, and Speech and Language Therapist were evident. This demonstrated that people's healthcare was being monitored and that staff were supported to manage changing needs. Visiting health professionals provided positive feedback on the service's clinical knowledge, interventions, and partnership working. These approaches helped keep people well and ensured their health needs were met.

Medications must be stored, administered, and recorded safely. During inspection, some medicines were left in a room reaching 30°C, and returns were not locked or logged promptly. Management agreed to provide secure trolley storage, install air conditioning, and increase temperature checks.

'As Required' medication protocols were applied inconsistently across the home. Protocols lacked clear, measurable outcomes and did not include alternative or therapeutic interventions. This Area for Improvement will be updated to focus on recording effectiveness and considering non-medication strategies before administration. (See Area for Improvement 2)

Areas for improvement

1. To support people's wellbeing and social inclusion, and to enhance their physical and mental health, meaningful engagement should be embedded into everyday practice. Social stimulation should extend beyond planned activities, and staff should receive additional training in dementia care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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." (1.25) and "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)

2. To support people's wellbeing and ensure they experience interventions that are safe and effective, if receiving 'As Required' medications, protocols should clearly document what steps staff have to take and include what therapeutic strategies should be used before medication is administered. If medication was required, record the outcome and whether the medication was effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24)

How good is our leadership?

4 - Good

We evaluated this key question as good, with several important strengths that clearly outweighed areas for improvement.

People should have confidence that the service is well led and managed. Staff spoke positively about the management team, describing them as responsive, approachable, and supportive. There was regular communication between management and staff through daily flash meetings, handovers, and clinical meetings, ensuring everyone was aware of key issues in the home. This helped keep people safe and well.

A range of quality assurance audits was in place; however, the absence of recorded follow-up actions limited opportunities for continuous improvement and monitoring. The management team had continued to develop these processes to make them more robust and drive better outcomes for people experiencing care. Reassuringly, a service improvement plan had recently been completed. This demonstrated that the management team provided multiple opportunities for people to give feedback, including newsletters, meetings, and online surveys.

This reassured us that people were encouraged to express their views and that their suggestions were respected and used to support ongoing improvement. To help strengthen governance, it may be beneficial for the service improvement plan to include regular updates and clear evidence of completed actions, supporting a dynamic, transparent, and outcome-focused approach.

Team meetings were held regularly, and management reinforced the importance of accurate recording and medication administration to ensure people received the right medication at the right time. While meetings demonstrated proactive governance and collaborative problem-solving, gaps remained in timely follow-up and implementation of agreed actions.

Appropriate arrangements were in place to ensure staff were registered with the Scottish Social Services Council, which regulates the social care workforce. Nurses were supported to revalidate with the Nursing and Midwifery Council. People using the service could be confident that staff were recruited safely and in line with best practice.

How good is our staff team?

4 - Good

We evaluated this key question as good, with several important strengths that clearly outweighed areas for improvement.

People should have confidence that the staff who support them are trained, competent, and skilled. A blended approach was used for staff training, combining e-learning covering a wide range of mandatory topics with face-to-face sessions. Staff we spoke with confirmed they were aware of the procedures required to protect people from harm and knew how to apply these in practice. People also benefitted from a thorough induction to prepare them for their role. One relative told us, "Staff work well as a team, they seem very capable."

Numbers and skill mix of staff should be determined by a process of continuous assessment. The staffing tool had not considered non direct care tasks, for example, training and supervision. The deployment of staff was discussed with management. The service should evidence their decision making process around staffing levels. An existing Area for Improvement will be revised to reflect the need for better deployment of staff by using a more effective dependency tool. (See Area For Improvement 1).

Supervision is the opportunity for staff to reflect on their practice and development and their wellbeing. Supervision was found to be comprehensive, covering key areas such as staff knowledge, wellbeing, and training compliance. There were agreed actions between the staff member and their supervisor, ensuring that outcomes were constructive and tailored to individual development. There was previously an Area for Improvement on the subject of supervision and this has been met.

Areas for improvement

1. To ensure staffing levels meet the needs of people living in the service and support better staff deployment, the chosen dependency tool should account for all non-direct care duties when calculating staffing requirements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15), and "My care and support meets my needs and is right for me". (HSCS 1.19)

How good is our setting?**4 - Good**

We evaluated this key question as good, with several important strengths that clearly outweighed areas for improvement.

The home was welcoming and secure, with an appropriate entry system requiring visitors to sign in and out, promoting a safe environment for people and their guests. Residents benefited from accessible, attractively laid-out gardens that could be used independently, weather permitting. Access to fresh air is known to support wellbeing.

Clear signage and visual markers, such as toilet signs, enabled people to move easily and independently around the home. Most bedroom doors displayed the person's name and photo, helping with identification and creating a sense of familiarity. Verbal consent was obtained before displaying this information, ensuring choices and preferences were respected.

Due to ongoing refurbishment, some former storage areas were unavailable. New storage spaces had been identified and were under construction. Overall cleanliness was good, and bedrooms were spacious and personalised, creating a homely feel. However, communal areas and corridors appeared tired and in need of redecoration. The provider was consulting with interior design companies, but no implementation plan was in place at the time of inspection.

A more robust walk-round process would help ensure correct PPE (personal protective equipment) disposal and confirm the use of yellow clinical waste liners at PPE stations. Housekeeping staff would benefit from refresher training on the use of chlorine on sanitary ware.

There was a range of equipment in place to meet people's needs and reduce risks such as falls, including chair and bed sensor alarms. Maintenance records confirmed equipment checks and servicing had been carried out regularly to ensure people were not exposed to harm and were kept safe.

How well is our care and support planned?**4 - Good**

We evaluated this key question as good, with several important strengths that clearly outweighed areas for improvement.

Personal plans were held electronically and captured people's assessed needs. A personal plan is an individualised document that outlines a person's health, social and emotional needs, preferences and goals, and provides guidance for staff on how to deliver care and support in line with those needs. These plans were used by the staff team, including agency workers and visiting professionals, to guide and record care. There was evidence of joint working with external professionals, including referrals and assessments, and visiting professionals were complimentary about the quality of communication with staff.

Daily checks of people's clinical needs prompted nurses to follow up on concerns such as weight loss, continence issues, and wound care. Including monitoring the frequency of 'As Required' medication would enable staff to identify potential cognitive decline and assess hydration, infection, and medication usage.

Personal plans were reviewed and updated regularly as people's outcomes changed. This ensured that those living in the care home, along with their families, had the opportunity to be involved in evaluating and reviewing their care and support. Minutes from relatives' and residents' meetings confirmed that people were given the option to view their personal plans.

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Personal plans and risk assessments included comprehensive assessments of health needs, and daily notes captured social needs and outcomes more effectively. However, adding more detail on life history, personal interests, and significant events would help staff tailor support to individual choices and enhance social and emotional wellbeing.

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 wellbeing and ensure they experience interventions that are safe and effective, if receiving 'As Required' medications, MAR charts (medication administration records) should include:

- a) the reasons for giving 'as required' medication
- b) how much has been given, including if a variable dose has been prescribed
- c) the time of administration for time sensitive medication and
- d) the outcome and whether the medication was effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24)

This area for improvement was made on 25 March 2025.

Action taken since then

There was progress made with MARS sheets, where staff clearly recorded reasons for administration, variable dosages, and timing. Each person also had a photograph for identification purposes. However, 'As Required' protocols and associated documentation were inconsistently applied across the three floors. Protocols sampled during the inspection contained vague language rather than measurable outcomes and lacked alternative or therapeutic interventions.

The existing Area for Improvement on protocols will be revised to emphasise recording effectiveness and ensuring non-medication strategies are considered before medication is administered.

This Area for Improvement has not been met.

Previous area for improvement 2

To ensure people continue to be included, the service should combine the processes of monitoring the practice of staff and supervision. This would enable some supervision to be based on observations of competency, and afford people using the service the opportunity to give their opinion about the support they receive from staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve". (HSCS 4.8)

This area for improvement was made on 29 January 2024.

Action taken since then

Each supervision record we sampled during the inspection was found to be comprehensive, covering key areas such as staff knowledge, wellbeing, and training compliance. The process provided staff with the opportunity to raise concerns, reflect on their practice, and discuss future development needs as well as areas for improvement. Importantly, each supervision concluded with agreed actions between the staff member and their supervisor, ensuring that outcomes were constructive and tailored to individual development.

Overall, the supervisions demonstrated a structured and supportive approach to staff management and professional growth. We advised that the management team continue to maintain this structured approach to staff supervision and ensure that agreed actions were consistently followed up. This approach would strengthen accountability, promote ongoing professional development, and ensure that staff felt supported in delivering safe and effective care.

This Area for Improvement has been met.

Previous area for improvement 3

To ensure staffing levels meet the needs of people living in the service and support better staff deployment, the chosen dependency tool should account for all non-direct care duties when calculating staffing requirements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15), and "My care and support meets my needs and is right for me". (HSCS 1.19)

This area for improvement was made on 29 January 2024.

Action taken since then

The service had in place a dependency tool to assess people's needs and determine staffing levels. Whilst this tool had assessed and measured people's needs around a variety of support tasks, it had not taken into account or measured all other non direct care needs. This therefore meant the service had been unable to demonstrate that it was staffing the home efficiently to meet both direct care and non direct care needs of people living there.

To ensure the service met the needs in line with safer staffing legislation, the provider should review and adapt the dependency tool so that it captured the full range of people's needs, including non direct care tasks. This would have enabled the service to evidence that staffing levels were sufficient to provide safe, effective, and holistic support to all residents. It would also have ensured that staff felt supported in their roles and were able to work in a manner that reduced stress and promoted wellbeing.

The existing Area for Improvement will be revised to reflect the need for better deployment of staff by using a more effective dependency tool.

This Area for Improvement has not been met.

Previous area for improvement 4

To support people's wellbeing and social inclusion, the service should update care plans to accurately reflect people's choices, preferences and life stories.

To do this, the provider should:

- a) embed meaningful engagements into every day practice, so social stimulation is not limited to planned activities and
- b) update care plans to accurately reflect people's health needs, choices, preferences and life stories.

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

and

"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 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)

This area for improvement was made on 25 March 2025.

Action taken since then

During the inspection, activities were observed; however, staff interaction and engagement could be strengthened. There were missed opportunities for social stimulation, with several residents spending extended periods alone in their rooms.

Daily notes have improved and now capture social needs and outcomes more effectively. Care plans were detailed and included comprehensive assessments; however, life histories were often incomplete or left blank.

Staff would benefit from additional training in dementia care and communication to ensure emotional needs are addressed promptly and meaningful engagement is embedded into everyday practice.

The existing Area for Improvement will be revised to reflect the need to embed meaningful engagement into every day practice.

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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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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