

Cardonald Care Home

Care Home Service

Cardonald Care Home
663 Mossspark Drive
Cardonald
Glasgow
G52 3AR

Telephone: 01418834131

Type of inspection:
Unannounced

Completed on:
18 December 2025

Service provided by:
Clyde Care Limited

Service provider number:
SP2016012834

Service no:
CS2022000212

About the service

Cardonald Care Home is registered to provide a care home service to a maximum of 31 residents, this includes 28 older people over the age of 65 years, and three named people under the age of 65. There were 30 people using the service at the time of this inspection. The provider is Clyde Care Limited.

The care home is a purpose built two storey building in the residential area of Mossspark, Glasgow and is close to local shops and community amenities. It is easily accessible by public transport.

The building provides single occupancy accommodation with partial ensuite facilities. There are public lounges and a dining room, as well as shared toilets and specialised bathing or showering facilities.

People have access to a private, secured garden area accessible from the ground floor dining room. Parking is available within the grounds of the home.

About the inspection

This was an unannounced follow up inspection which took place on 18 December 2025 between the hours of 06:45 and 16:30. 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 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 seven people using the service and four of their relatives
- spoke with five staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Opportunities for meaningful engagement and social stimulation had improved, leading to greater participation and a more positive overall experience.
- Further improvement is needed to develop the service improvement plan into a dynamic tool that is regularly updated and reflective of all improvement activity.
- Regular review of people's needs helped ensure that staffing resources were sufficient.
- Daily records should be improved to ensure these are more meaningful and reflective of people's daily experiences.
- As a result of the sustained improvements demonstrated in both staffing and the care setting, we were able to increase the evaluations for these quality indicators.
- There are three outstanding requirements that will be followed up at a later date by the complaints team, these relate to falls, medication and notifications.

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 staff team?	3 - Adequate
How good is our setting?	4 - Good

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

How good is our leadership?

We followed up on a requirement that related to this quality indicator. See section 'What the service has done to meet any requirements we made at or since the last inspection'.

Although we were satisfied that sufficient progress had been made to meet the requirement, we have identified an area for improvement to ensure that the service improvement plan is further developed into a dynamic and responsive tool that is routinely reviewed, accurately reflects current priorities, and informs wider improvement strategies.

Areas for improvement

1. The provider should further develop the service improvement plan (SIP) so that it functions as a dynamic and regularly updated tool. It should clearly reflect ongoing activity and be used to inform wider improvement strategies across the service. This will support a culture of continuous improvement and ensure that developments are planned, monitored, and evaluated effectively.

This is to ensure 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?

3 – Adequate

We assessed quality assurance systems used to help ensure that staffing numbers were supporting positive outcomes for people living in the service. A dependency tool was completed for each resident on a monthly basis, or sooner if needs changed. This helped ensure that staff resources were sufficient to provide the support people needed.

Rotas indicated that staffing levels were consistent with the outcome of the dependency tool. And allowing additional hours for non clinical tasks meant that there was time factored in for staff development. Additionally this meant that staff had the capacity to complete essential duties without compromising the quality of direct care and support. We concluded that a requirement we made that related to this quality indicator had been met. See the section 'What the service has done to meet any requirements we made at or since the last inspection'.

In recognition of the ongoing work to ensure that staff resources and skill mix were aligned with the assessed needs of people, we have revised the evaluation for this quality indicator from weak to adequate.

How good is our setting?

4 – Good

We had carried out a follow up inspection on 2 October 2025 where we concluded that a requirement that related to the environment had been met. At this visit we found that the home was clean, fresh, and well maintained.

Communal areas were comfortable, with furniture arranged in a way that promoted people's wellbeing and supported social interaction. The home was well lit and maintained at an ambient temperature that contributed to people's comfort.

In recognition of these sustained improvements we have revised the evaluation for this quality indicator from weak to good.

How well is our care and support planned?

We followed up on a requirement that related to this quality indicator. See section 'What the service has done to meet any requirements we made at or since the last inspection'.

Although we were satisfied that sufficient progress had been made to meet the requirement, we have identified an area for improvement to ensure that daily records more accurately reflect people's day-to-day experiences, preferences, and the impact of the support provided.

Areas for improvement

1. To ensure that daily records are more meaningful and reflective of people's daily experiences, the manager should improve the quality of recording by providing clearer guidance, regular monitoring, and constructive feedback to staff.

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)

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

Requirements

Requirement 1

By 23 November 2025, the provider must ensure people have opportunity to promote their wellbeing through meaningful activities and occupation informed by their choices and wishes.

To do this, the provider must, at a minimum:

- a) Ensure staff accurately record the activities people engage in daily.
- b) Ensure information is recorded in a way that details the level of people's engagement in activities and the outcome achieved.
- c) Make use of this information to inform future activity planning.
- d) Offer a range of activities informed by people's choices and wishes, which considers those who may benefit one-to-one support.

This is to comply with Regulation 3 and 4(1)(a) 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 states that: "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) and "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

This requirement was made on 23 July 2025.

Action taken on previous requirement

Activities were being delivered more regularly and consistently, supported by a daily overview that included details about people's participation and some analysis of outcomes for individuals. It was positive to see the Health and Social Care Standards being considered, with clear links to how activities influenced people's experiences.

Although daily notes did not consistently reflect activities people engaged in, there had been a marked improvement in the other evidence sources available to reflect this since the previous inspection, including information and images on the home's social media page. The planned introduction of an electronic system presents an opportunity to improve recording and evidence of outcomes from meaningful engagement and activities.

The introduction of a full time activities coordinator had strengthened the activity programme available, and there was evidence of community involvement, visiting entertainers, and meaningful opportunities such as church services and pet visits. Daily Sparkle wellbeing tools and resources for people with dementia were being used effectively to support social contact and conversation, with both one-to-one and group activities available.

People had been consulted about their preferences, and it was evident that feedback from residents' meetings directly informed planned activities, with options added in response to people's wishes. The activity planner displayed in each unit incorporated people's suggestions ensuring that people's voices helped shape the programme.

Further work was needed to ensure information gained from an assessment tool, which helps ensure activities are meaningful and achievable for people with cognitive impairment, was fully utilised to individualise activity plans.

Staff were observed engaging warmly with residents, with natural interactions such as dancing, hand-holding, and singing contributing to a relaxed and positive atmosphere.

Met - within timescales

Requirement 2

By 23 November 2025, the provider must ensure people are safe and receive quality care and support that meets their needs.

To do this, the provider must, at a minimum:

- a) Develop a service improvement plan that is informed through quality assurance activities and feedback from people.
- b) Ensure that systems of quality assurance and audits are consistently completed.
- c) Ensure detailed actions are addressed timeously through action plans.
- d) Include an evaluation of progress made.

This is to comply with Regulation 3 and 4(1)(a) 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 states 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 23 July 2025.

Action taken on previous requirement

A service improvement plan (SIP) was in place and had evidenced a number of areas for improvement. The majority of actions had been completed, and we identified ways to develop the SIP further into a more effective tool. While it was positive to see improvements across the service, the SIP also needed to be kept up-to-date to reflect ongoing progress.

An audit schedule ensured that key areas were monitored regularly helping to maintain standards and drive improvements. Audits were being carried out consistently, with actions addressed and discussed at flash meetings. The service had made real improvements across most areas; however, some outstanding requirements remained in relation to upheld complaints, see requirements 5, 6 and 7 and so despite the improvements made we were not in a position to reevaluate the quality indicator linked to this requirement.

Whilst we were satisfied that sufficient progress had been made to meet this requirement, we have identified an area for improvement to further develop the SIP into a dynamic tool, one that was reflective of all activity, regularly updated, and used to inform other improvement strategies. (See section 'How good is our leadership')

Met - within timescales

Requirement 3

By 23 November 2025, to ensure that people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe.

To do this, the provider must, at a minimum:

- a) Regularly assess and review people's care and support needs.
- b) Demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements.
- c) Implement quality assurance systems to evaluate people's care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is in order to comply with section 7(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 Standard (HSCS) which states that: "I am confident that people respond promptly, including when I ask for help." (HSCS 3.17)

This requirement was made on 23 July 2025.

Action taken on previous requirement

Dependency assessments were completed monthly, or sooner when required, and the information gathered from these informed the staffing resources required to meet people's needs. Additional non direct care hours augmented dependency assessments and helped give a more accurate picture of the overall staff hours required across the service.

This approach was used to demonstrate that staffing levels were sufficient to meet people's assessed needs, with consideration also given to ensuring staff were available to support other activities. Rotas reviewed indicated that projected staff numbers were consistent with levels expected to meet people's needs, with short-notice absences covered either in house or through agency staff. This included ensuring there were sufficient housekeeping staff to continue to positively influence overall cleanliness

Discussions across a range of meetings evidenced active involvement and thoughtful consideration of staffing requirements. Daily walk-rounds included a review of staffing levels, and positive observations from these were shared with staff as feedback, helping to promote staff wellbeing and a sense of value.

Recent surveys completed by residents and relatives were awaiting analysis. We sampled these and suggested that where people had indicated lower levels of satisfaction with staffing levels, this should be explored further to understand the reasons behind their feedback.

Six-monthly reviews were taking place and provided a forum to highlight positive outcomes that could be directly attributed to staffing levels.

Met - within timescales

Requirement 4

By 23 November 2025, the provider must ensure each service user has a personal plan in place which sets out how their health, welfare and safety needs are to be met.

To do this the provider must, at a minimum, ensure that:

- a) A review of the care plan is carried out at least every six months, or if there is a significant change.
- b) Relevant risk assessments are completed and used to inform the personal plan.
- c) Where a service user needs a specific aspect of their health monitored, that supporting documents and charts are completed.
- d) Daily recording is meaningful and clearly sets out how people have spent their day in line with their choices and wishes.
- e) Communication with families, representatives, or health professionals is clearly recorded.

This is to comply with Regulation 5(1) and (2) (Personal Plans) 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 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)

This requirement was made on 23 July 2025.

Action taken on previous requirement

A six monthly review tracker was in place, with evidence confirming that reviews were being completed in accordance with statutory requirements. Recent reviews had also involved the Glasgow Health and Social Care Partnership, and families were actively included in discussions about people's care.

A variety of risk assessments were in place and clearly evidenced within personal plans, with monitoring charts implemented to reduce risk when required and quality-assured through daily flash meetings and end of week checks. The management of clinical risk remained a service strength, demonstrated by low numbers of people experiencing weight loss, a reduction in falls, and no concerns regarding skin integrity.

We suggested that the multifactorial falls risk assessment documentation could be completed even in the absence of falls to complement other preventative measures.

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Monitoring charts were completed to a good standard and provided useful information, offering reassurance that, for instance, fluid targets were being met for people at risk of dehydration and people who needed support with positional change were receiving this.

Records of communication with families and professionals were in place, and we suggested that information from flash meetings could be used to guide what should be checked the following day to ensure communication is consistently documented and nothing is missed.

Some personal plans sampled would benefit from additional detail to ensure they fully reflect people's needs and preferences and some information required updating where needs had changed. Care plan audits should continue to identify where information could be improved.

Daily recording remained predominantly task-orientated and did not provide a meaningful overview of how individuals spent their day, their presentation or how their wellbeing was supported. To ensure these are more meaningful and reflective of people's daily experiences, this will be taken forward as an area for Improvement. See the section 'How well is our care and support planned'.

Met - within timescales

Requirement 5

By 31 December 2025, the provider must ensure that the Care Inspectorate receive the right information at the right time.

To do this, the provider must, at a minimum, ensure that staff submit appropriate notifications through the eforms system, in accordance with the Public Services Reform (Scotland) Act 2010 notification guidance, publication date March 2025.

This is in order to comply with: Regulation 4(1)(a) 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 Health and Social Care Standards (HSCS) which states that: "I experience high quality care and support based on relevant evidence, guidance and best practice". (HSCS 4.11)

This requirement was made on 7 October 2025.

Action taken on previous requirement

The due date for this requirement has not yet been reached and this will be followed up in due course by the complaints team.

Not assessed at this inspection

Requirement 6

By 31 December 2025, the provider must ensure the safety and wellbeing of people experiencing care.

To do this, the provider must, at a minimum:

- a) Ensure that all staff have up to date falls management training.
- b) Ensure that the service has a robust and clear post falls procedure for staff to follow.
- c) ensure that staff complete and record all relevant post fall checks and observations.
- d) ensure that staff inform a person's representative following a fall or incident and record this appropriately.

This is in order to comply with: Regulation 4(1)(a) 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 Health and Social Care Standards (HSCS) which states that: "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24)

This requirement was made on 7 October 2025.

Action taken on previous requirement

The due date for this requirement has not yet been reached and this will be followed up in due course by the complaints team.

Not assessed at this inspection

Requirement 7

By 31 December 2025, the provider must ensure the safe management of medication.

To do this, the provider must, at a minimum, ensure that there is robust system in place for accurate recording of all medication received, administered and returned, within the service.

This is in order to comply with: Regulation 4(1)(a) 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 Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

This requirement was made on 7 October 2025.

Action taken on previous requirement

The due date for this requirement has not yet been reached and this will be followed up in due course by the complaints team.

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 wellbeing and ensure their dignity is maintained the service should review people's bathing, showering and grooming preferences to ensure they are being met inline with people's choices and wishes. These should be recorded in personal plans and outcomes recorded in daily notes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 23 July 2025.

Action taken since then

Records evidenced that people were being supported with personal care in line with their needs and wishes, and this was discussed during flash meetings and any required action followed up appropriately. We suggested that occasions where people decline support should be recorded in the daily running notes, as this provides clearer context and ensures that the personal care recording sheet captures the positive outcomes.

During the inspection, people appeared well presented, and no concerns were identified regarding personal care.

This area for improvement has been met.

Previous area for improvement 2

To maintain high standards of cleanliness and reduce the risk of cross-contamination, the service should ensure:

- a) Adequate numbers of external waste bins are provided to meet the needs of the home.
- b) The external bin area is checked at regular intervals throughout the day to ensure bins are not over-full, lids are closed and the surrounding area is kept clean and free of debris.
- c) Records are maintained to provide evidence of these checks.

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 5.22)

This area for improvement was made on 2 October 2025.

Action taken since then

This was not assessed and will be followed up during future scrutiny activity.

Complaints

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

Detailed evaluations

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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