

# Queens Quay House Care Home Service

Queens Quay Main Avenue  
Clydebank  
G81 1BS

Telephone: 01389 603 850

**Type of inspection:**  
Unannounced

**Completed on:**  
14 January 2026

**Service provided by:**  
West Dunbartonshire Council

**Service provider number:**  
SP2003003383

**Service no:**  
CS2020380482

## About the service

Queens Quay House is a care home for older people and is located next to Clydebank Health Service. There is a bus stop outside the home, which is approximately ten minutes walking distance to the nearest train station, and large shopping centre.

The service provides residential care for up to 84 people and there were 78 people living there at the time of this inspection.

The building is on two levels, with lift and stair access. The care home is divided into 8 small group living flats. Flats on the ground floor have access to their own secure garden area, while those living on the upper floor have access to a large balcony.

The home has its own cinema, bistro and hairdressing facility on the upper floor. There are a variety of activity rooms and quiet rooms.

The local authority Clydebank Day Service and Opportunities service, is in the same building on the ground floor.

## About the inspection

This was an unannounced inspection which took place on 12 - 14 January 2026 between 06:45 and 20:15. The inspection was carried out by two inspectors from the Care Inspectorate and an inspection volunteer assisted the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service and their families and gather their views.

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 25 people using the service and with 12 of their families that were visiting. We also obtained feedback via a pre-inspection questionnaire from 11 residents and seven families.
- Spoke with 32 staff and management, along with feedback via a pre-inspection questionnaire from 19 staff.
- Observed practice and daily life.
- Reviewed documents.
- Obtained feedback from three visiting professionals.

## Key messages

- Overall, people living in the care home and their families were happy with the care and support.
- People benefited from access to a tasty, varied and well-balanced diet.
- People enjoyed the home's activity programme.
- Improvement was required to ensure that people could be confident that they were supported to receive their prescribed medications.
- Quality assurance systems needed reviewed to ensure that standards of good practice were adhered to consistently.
- Improvement was required to ensure that the right number of staff with the right skills were working at all times to meet people's needs.
- The setting had been designed for high quality care and support.
- Overall, people living in the care home and their families were very positive about the staff and management.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	5 - Very Good
How well is our care and support planned?	3 - Adequate

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

## How well do we support people's wellbeing?

3 - Adequate

We evaluated quality indicator 1.3 as adequate, where although there were some strengths, these only just outweighed weaknesses.

Overall, people living in the care home and their families were happy with the care and support. One person told us, "I'm very happy to be here", whilst another explained, "I feel as if I'm at home". Family comments included, "I am always made to feel welcome by staff", "care is variable depending who is on duty", "communication from the home is great, we are always kept up to date" and "I would not change anything".

We observed people to be clean, tidy, and well presented as staff had taken time to ensure that people maintained their dignity and sense of wellbeing.

People benefited from a well planned programme of meaningful activities delivered by the service's activity coordinators, with positive feedback highlighting the impact on both physical and mental wellbeing. Regular group activities, visiting entertainers and the celebration of key dates supported social interaction and enjoyment. However, the current absence of one coordinator reduced staffing capacity, resulting in most activities taking place as group sessions in the bistro. This, alongside staffing pressures, meant that participation was sometimes limited to more able people, reducing opportunities for others to engage fully in the activity programme. People told us, "I enjoyed watching a film a few days ago with others", "I enjoy the relaxation sessions", and "I enjoy my walks in the home". One relative told us, "Wellbeing is promoted, particularly in activities programme", whilst another explained, "Activities have been life changing...I've been in tears when X (relative) is listening to a song and they've remembered every word".

The standard of care and support planning was inconsistent and did not always accurately reflect people's current care and support needs. This meant that staff did not always have the correct information to follow. See area for improvement under key question 5 "How well is our care and support planned?".

People enjoyed their meals in an unhurried, relaxed atmosphere at a place of their choosing. They were supported to select from a variety of meals, snacks, and drinks. People seemed to enjoy the meals and snacks. Some aspects of the dining experience could be improved to ensure consistency including offering hand hygiene and reducing long waiting times at the table without any food being offered. One person told us, "The meals are very nice here", whilst another explained, "A change from soup and sandwiches every lunch would be good". A third felt, "I can ask for something different from the snack menu. The care home had recently received the Food for Life Served Here (FFLSH) Bronze certification, awarded from the Soil Association to recognise efforts to provide freshly prepared, locally sourced, and sustainable meals.

The service used the Malnutrition Universal Screening Tool (MUST) to monitor people's weight loss. However, when the MUST identified a significant risk, no further actions were put in place to minimise any further weight loss. This included a lack of care planning, food charts or commencing the MUST Step 5 as expected. (See area for improvement 1).

Improvement was required to ensure people could be confident they received their prescribed medicines safely and as prescribed. Our sample of medication management identified a significant number of missed doses, including medication for specific health conditions and regular pain relief, which could negatively impact people's health and comfort. Of further concern, these omissions had not been identified or

escalated by shift leaders or the management team, indicating weaknesses in oversight and monitoring systems. (See requirement 1).

There was a person centred approach to managing and preventing falls and fractures, supported by appropriate equipment, recording systems, and management oversight to ensure actions were taken following incidents. Outcomes could be further strengthened by implementing flat specific falls safety crosses, routine monthly audits with trend analysis, and improved staff capacity to observe those at highest risk, alongside the ongoing twice weekly input from the 'Strength and Balance team' to support mobility and reduce repeat falls.

People could be assured that the service liaised with external healthcare professionals as and when needed including GP, District Nurse and community mental health team. One family explained, "GP has always been phoned swiftly when there have been health concerns", whilst others felt their loved one's health needs were met.

## Requirements

1.

By 23 March 26, the provider must ensure that people receive their medications as prescribed. To do this the provider must, as a minimum, ensure that:

- a) Staff have the knowledge and skills to use their electronic system.
- b) Systems are put in place to ensure that medications have been administered and where not given, a reason noted.
- c) There are robust audit trails to ensure that these systems are being adhered to.
- d) There is a clear note of actions taken following any anomalies.

This is to comply with Regulation 4(1)(a) and (b) (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: 'My care and support meets my needs and is right for me' (HSCS 1.19).

## Areas for improvement

1. To support people's health and wellbeing the provider should, at a minimum, ensure that actions are put in place for people identified as having a Malnutrition Universal Screening Tool (MUST) score of 1 or above. These should include, but not be limited to:

- a) MUST Step 5 to be initiated when a person's MUST initially increases from a score of zero.
- b) Food and fluid charts are completed to allow for further assessment and to provide evidence that first line interventions have been implemented.
- c) People identified as being at risk of malnutrition have a care plan in place that details clear actions to be taken to reduce the risk to them.
- d) There are robust audit trails to ensure that these actions are being adhered to.
- e) There is a clear note of actions taken following any anomalies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences (HSCS 1.37).

## How good is our leadership?

## 3 – Adequate

We evaluated quality indicator 2.2 as adequate, where although there were some strengths, these only just outweighed weaknesses.

People could not be assured that the current quality assurance processes were effective. Whilst there were some systems in place to monitor aspects of service delivery, these approaches taken were not sufficiently detailed to demonstrate the impact of any planned improvement.

We considered the aspects of concern identified during the inspection and questioned the reason these had not already been highlighted and addressed by the service's quality assurance processes. On discussion with management, many aspects of oversight were informal and there was a lack of formal auditing and action plans to demonstrate a clear understanding about what was working well and what improvements were needed. We discussed how to improve monitoring standards of care, including clinical and care governance. (See area for improvement 1).

Although there were some systems in place to monitor aspects of service delivery, there was confusion and a lack of clarity regarding roles and responsibilities across leaders across the whole home, whether this be shift leaders or management oversight and governance.

Residents and families felt confident giving feedback and raising concerns because they knew this would be welcomed and responded to in a spirit of partnership. Comments from families included, "The manager always makes himself available if we want to discuss an issue and tries his hardest to resolve it", "Senior staff are approachable and helpful" and, "I attended the recent relatives' meeting and there was good information sharing".

Staff feedback was very mixed about management support. Many felt they were supportive, approachable and could go and speak to them if they had any ideas or concerns and would be listened to. However, a significant number of staff did not share this opinion and did not feel that their opinion or feedback was welcomed or listened to.

### Areas for improvement

1. To promote good outcomes and to minimise the risk of poor outcomes, the service should ensure that governance and oversight systems in place to identify risks contain correct and up to date information. Leaders at all levels should have the skills, capacity and systems in place to identify risks, plan appropriate actions to address these and drive improvement.

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?

## 3 – Adequate

We evaluated quality indicator 3.3 as adequate, where although there were some strengths, these only just outweighed weaknesses.

People living in the care home and staff benefited from a warm atmosphere because there were good working relationships across the care home.

People living in the care home, and their families, were positive about the staff group. We received the following comments: "I'm very grateful for the help from staff, they are friendly and helpful", "Good care from staff, very helpful" and "Staff are great, I can't fault them".

Staffing arrangements did not consistently achieve outcomes that ensured safe, responsive care, as reviews were infrequent and staffing levels did not adequately reflect vacancies, dependency, or the individual needs of people living within each flat. As a result, opportunities were missed to align staffing with the principles of the Health and Care (Staffing) (Scotland) Act 2019, limiting assurance that people consistently received the right care, at the right time, from staff with the appropriate skill mix.

Staffing levels required review to ensure staff could consistently and confidently meet people's care needs, as current arrangements were resulting in stress, reduced morale, and occasions where staff felt unable to deliver the standard of care they aspired to. Variability in dependency across flats, combined with gaps in observation and delayed responses to call bells and falls alarms created a risk that positive outcomes for people would not be sustained without the provision of additional staff. (See requirement 1).

Some people living in the care home, and their families, also raised some concerns around staffing levels. We received the following comments: "There are some excellent staff in the home but more are needed in each flat to provide better care as staff can't spend any quality time with residents as they are so busy", "Staff can look very frazzled at times" and "Nothing personal about the staff but I feel there could be more on night shift".

## Requirements

1. By 16 April 2026, the provider must ensure that people's needs are met safely.

To do this the provider must as a minimum:

- a) Use a suitable dependency tool to review the needs of people regularly and adjust staffing levels appropriately.
- b) Ensure that staff are deployed effectively, to ensure that people are safe and have sufficient support in meeting their support outcomes.

This is 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) and Section 7 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 Standards (HSCS) which state: 'My needs are met by the right number of people'. (HSCS 3.15) and 'People have time to support and care for me and speak with me'. (HSCS 3.16).

**How good is our setting?**

**5 - Very Good**

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

People benefitted from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment was relaxed, clean, tidy and very well looked-after, with no evidence of intrusive noise or smells.

The setting had been designed for high quality care and support. The care home had a cinema for people to enjoy. There was a beauty room used by the visiting hairdresser.

As well as each unit having its own lounge/dining room, there was a range of different spaces for people to choose where to spend time. These included activity rooms, a quiet reading room, a shop and a bistro. These were used to enhance people's outcomes. Some examples included hosting the weekly church service, entertainers or just spending time with family and friends.

People were encouraged to personalise their bedrooms to ensure that they were individual to their taste by adding home comforts including photographs and other memorabilia.

There were clear planned arrangements for the regular monitoring and maintenance of the premises and the equipment to ensure people were safe.

Staff were aware of environmental cleaning schedules and clear about their specific responsibilities. Staff carrying out housekeeping and cleaning in the service were familiar with required environmental and equipment decontamination.

## How well is our care and support planned?

**3 - Adequate**

We evaluated quality indicator 5.1 as adequate, where although there were some strengths, these only just outweighed weaknesses.

Whilst people could be assured that they had an individualised care plan in place to guide staff, when we sampled these, we found that care plans were inconsistent and did not always reflect the outcome of recent risk assessments and/or other changes for people.

Improvement was needed to ensure personal plans were consistently up to date and accurately reflected each person's assessed care and support needs, enabling staff to deliver safe and appropriate care. The lack of current plans increased the risk to people, particularly given the high use of agency staff and the frequent redeployment of permanent staff across the home to maintain a safer skill mix. (See area for improvement 1).

Whilst supporting legal documentation was in place to ensure people were protected and their rights were upheld, many 'Adults with Incapacity' were out of date and needed reviewed by the GP. We were given assurances that this would be addressed.

Care plans must be reviewed in line with legislation, which is at least every six months, or when there is a significant change in care needs. These had not taken place for all residents, with several overdue. Reviews give people and their families an opportunity to give feedback about living at Queens Quay House and discuss any suggestions or concerns that they may have. (See area for improvement 1).

## Areas for improvement

1.

To support people's health and wellbeing the provider should, at a minimum, ensure that:

- a) staff have the knowledge and skills to use their electronic system
- 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 are completed and that trained staff have an overview of these.
- d) There are robust audit trails to ensure that these actions are being adhered to.
- e) There is a clear note of actions taken following any anomalies.

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).

2. To support people's health and wellbeing, the provider should, at a minimum, ensure that reviews are carried out, at least every six months.

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).

## 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 service should ensure that staff who are registered with the Scottish Social Services Council (SSSC) fully understand their role and responsibilities to maintain their registration and ensure that they practice within their SSSC Codes of Practice 2024.

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 19 December 2024.**

#### Action taken since then

Work had been carried out since the last inspection with staff around this aspect, however, given the concerns found during this inspection, further work was needed.

**This area of improvement is not met and repeated.**

**Area for improvement was made on 19 December 2024.**

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

### Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

### Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is càinain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جا سکتی ہے۔

ਬਿਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

**هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب**

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.