

Clarkston House Care Home Service

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Clarkston
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Type of inspection:
Unannounced

Completed on:
8 January 2026

Service provided by:
Northcare (Scotland) Ltd

Service provider number:
SP2003002314

Service no:
CS2014333443

About the service

Clarkston House is a care home registered to support 50 older people. The provider is Northcare (Scotland) Limited.

The care home is a purpose-built four storey building. It is divided into two self-contained suites, each with a lounges, dining rooms and kitchen. All bedrooms have en-suite shower facilities.

The home has enclosed outdoor areas for people using the service, and is close to local shops, amenities, and public transport.

There were 46 people using the service at the time of inspection.

About the inspection

This was an unannounced inspection which took place on 7 January 2026 from 08:30 to 17:50 and 8 January 2026 from 09:00 to 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 19 people using the service and eight of their family/friends/representatives
- spoke with 23 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were supported by a kind, caring and sensitive staff team.
- People experienced positive health and wellbeing outcomes.
- Recording of food and fluid intake records should improve.
- Management oversight of the recruitment process needs to improve.
- People experienced a high quality environment.

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?	5 - Very Good
How good is our staff team?	3 - Adequate
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?

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.

We saw kind and caring interactions between staff and people who lived at Clarkston House. People and families in their feedback commented on staff's and management's kindness, their friendliness, approachability and availability.

The service had recorded all falls incidents and had completed analysis to identify patterns and opportunities to reduce future falls. A monthly management overview of falls had been undertaken. This enabled a proactive approach to monitoring trends and implementing preventative measures. People had been referred to GPs for medical assessment where appropriate. Referrals to physiotherapy had been made to support individual treatment plans and reduce the risk of further falls. This demonstrated that clinical concerns had been escalated and addressed in a timely manner.

A falls safety cross had been used for management oversight only. Its purpose had been to act as a visual prompt for staff, supporting them to evaluate any actions they might have needed to take to reduce the likelihood of falls for individuals. We discussed this with the management team, and they agreed to implement the use of the falls safety cross in this way. The falls rate was below the expected average for a service of its size and population. This indicated that existing falls prevention measures had been having a positive impact, and ongoing monitoring had ensured continued focus on safety and risk reduction.

Wounds had been closely managed. Wound treatment plans had been in place and were followed consistently. Wound progress had been reviewed regularly by podiatry, with additional input from the Care Home Liaison Nurse (CHLN). There had been evidence of dietitian input to support nutritional needs and promote healing. Wounds had been observed to be improving. This reflected good management and positive outcomes for people.

Weights had been closely monitored. This ensured that if people had begun to lose weight, this was identified quickly and an appropriate management strategy was put in place. Malnutrition Universal Screening Tool 5 (MUST 5) assessments had been implemented, followed, and reviewed regularly. When required, input had been sought from other professionals such as care home liaison nurses, dieticians, and speech and language therapists.

Food intake had been monitored. However, food charts showed gaps in recording, and the information entered did not clearly demonstrate what food had been offered and consumed. This meant it was not possible to be confident that people had consistently received sufficient or enhanced calorie intake.

Fluid charts also did not demonstrate that people had been offered, or had received, enough fluid throughout the day to meet best practice guidance. This meant there had been a risk that people's hydration needs were not being fully met.

Accurate recording of food and fluid intake when people were experiencing weight loss was essential to ensure people's nutrition and hydration needs were clearly understood, appropriate interventions were implemented, and any further deterioration in people's health could be prevented. (See Area for improvement 1)

Mealtimes we observed had been well led and the dining rooms had been nicely presented. However, we noted that menus had not been available on tables. This meant people did not have clear information about the choices available to them. During the last inspection, we had discussed the need for meal choices to be available for people prescribed textured diets. This had been actioned at that time, however this had not become consistent or embedded practice. Choice at mealtimes for everyone was essential to support dignity, autonomy, and person-centred care. (See Area for improvement 2)

Medication management and administration processes were robust. As and when required medication (PRN) protocols were in place when needed. When these medications were administered, their effectiveness was recorded. Covert medication pathway paperwork was in place and plans were followed in line with best practice guidance. Returned medications were recorded in the returns book in real time in line with best practice expectations. It was advised that returned medications awaiting collection were stored in a locked box within a locked treatment room. Robust medication processes meant that people received their prescribed treatments safely, consistently, and in line with professional standards.

Areas for improvement

1. To ensure people's nutrition and hydration needs were clearly understood and accurately monitored and recorded, the provider should:

- a) Ensure staff have the appropriate knowledge, skills and understanding of people's nutrition and hydration needs.
- b) Ensure staff accurately and timely record all food and fluid intake for people when this is assessed as needed.
- c) Ensure management and leaders have good oversight of completion of these records throughout each day.

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) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

2. To enable people to have choice in the food they eat the provider should ensure people prescribed altered/textured diets are offered choices of meals and snacks.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSCS 1.33).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We had identified concerns around safer recruitment. We found that staff had sometimes commenced work without all essential background checks being in place. The management team had in place a system to oversee recruitment processes, however, this had not been applied consistently.

Not ensuring that all essential background checks were in place prior to staff supporting vulnerable individuals had exposed people to avoidable risk and indicated a gap in the organisation's safe recruitment procedures. Strengthening oversight and ensuring full compliance with the "Safer Recruitment Through Better Recruitment" guidance (Care Inspectorate and Scottish Social Services Council, Sept 2023) before any work began was essential. (See Requirement 1).

Requirements

1. By 20 February 2026, the provider must ensure that all essential background checks are completed prior to people commencing work in line with legislation, guidance and the providers policy. To do this the provider must:
 - a) Ensure all background checks are appropriately requested.
 - b) Ensure all responses are assessed as suitable when received.
 - c) Ensure the management team consistently audit and verify all personnel files prior to staff being employed in supporting vulnerable people.
 - d) Ensure the recruitment process in place adheres to all legislation and the providers own policy when recruiting new staff.

This is to comply with Regulation 4(1)(a)(Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210 and to the Disclosure Scotland Act 2020.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident that people who support and care for me have been appropriately and safely recruited". (HSCS 4.24)

How good is our setting?

5 - Very Good

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

The home was clean, odour free, and well maintained throughout. Furniture and fixtures were tasteful and of good quality. The home had felt spacious and bright, with large windows allowing natural light into the communal areas. This created a comfortable environment and supported the needs of older adults, who required higher levels of light. Corridors were wide, and the dining and living areas were open plan. This provided ample space for people to move around, promoting physical activity.

People's bedrooms were personalised and homely. This reflected individual preferences and supported a sense of comfort and familiarity. There were a variety of communal areas that could be enjoyed by people and their families. This meant individuals had opportunities to socialise, spend time together, and choose spaces that suited their preferences and needs.

The service had completed an assessment of the environment to ensure information and directions were displayed in a clear accessible way. This meant people with cognitive impairment could navigate the space more independently and with reduced anxiety.

All maintenance records and required safety checks were in place. Suitable mobility equipment had been available to meet people's needs, and regular equipment checks had been carried out. This contributed to a safe environment for the people who lived in the home.

Appropriate infection prevention and control practices were essential to ensure mitigating the the risk of cross infection. Staff had demonstrated an understanding of the importance of infection prevention and control. However, clinical waste disposal and the use of single use cleaning cloths had not been in line with best practice guidance. Management had begun addressing these issues during the inspection. (See Area for improvement 1)

Areas for improvement

1. To ensure people's safety and reduce the risk of cross infection the provider should:

- a) Ensure there is a comprehensive clinical waste process in place which is in line with best practice guidance.
- b) Ensure staff make use of single use cloths when cleaning people's bedrooms.

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 5.22)

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 ensure all staff have the appropriate knowledge and skills to support them in their role, the provider should review the allocation of mandatory training modules in line with the job descriptions of all employees.

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 7 March 2025.

Action taken since then

The management team had reviewed all e-learning modules and had allocated all appropriate modules to staff. Moving and handling training had not been allocated to staff who did not move and assist people. This however was addressed to ensure where it was appropriate, staff were allocated moving and handling of inanimate objects module. This was to safeguard staff's wellbeing.

This area for improvement has been met.

Previous area for improvement 2

To ensure the safe selection of staff to work with people experiencing care and support, the provider/management should:

- a) Ensure they adhere to the guidance outlined in "Safer Recruitment Through Better Recruitment" guidance (Sept 2023).
- b) The management team should ensure thorough oversight of all recruitment records prior to staff commencing employment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident that people who support and care for me have been appropriately and safely recruited". (HSCS 4.24)

This area for improvement was made on 7 March 2025.

Action taken since then

This area for improvement has not been met and has been re-stated as a requirement under "How good is our staff team?" section of this report

Previous area for improvement 3

Staff should follow the recommendations of an external health professional and the agreed personal plan when supporting someone with an assessed health and well-being need. Accountable records should be kept by staff to support the intervention.

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: "Any treatment or intervention that I experience is safe and effective".

This area for improvement was made on 23 September 2024.

Action taken since then

There was evidence of multi-disciplinary (MDT) involvement from a variety of MDT professionals. We saw evidence that recommended treatments were being followed by staff in the service. Treatment was also being evidenced in care plan notes. Communication records evidenced that treatments were being regularly reviewed by MDT professionals making recommendations. Written feedback from visiting professionals evidenced staff were making prompt and appropriate referrals, were following advice, communicated well with visiting professionals and worked collaboratively with them. This means progress was being made to support people's health and wellbeing and outcomes were good for people.

This area of improvement has been met.

Previous area for improvement 4

The provider should ensure complaints and concerns are dealt with in line with the agreed policy and procedure for complaints handling.

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

This area for improvement was made on 23 September 2024.

Action taken since then

The provider had a complaints procedure in place. We saw evidence that complaints and concerns were being dealt with in line with the provider's policy.

This area for improvement has 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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