

# Cardonald Care Home Care Home Service

Cardonald Care Home  
663 Mosspark Drive  
Cardonald  
Glasgow  
G52 3AR

Telephone: 01418834131

**Type of inspection:**  
Unannounced

**Completed on:**  
21 January 2026

**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.

The provider is Clyde Care Ltd.

The care home is a purpose built, two storey building in the residential area of Mosspark, 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 dining rooms, 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.

## About the inspection

This was a follow up inspection which took place on 21 January 2026. The inspection was carried out by 2 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 the management and reviewed documents.

## Key messages

At the time of our visit, we observed improvement in staff recording practice following a fall. Management oversight of falls had improved since the last inspection.

At the time of our visit a more robust system was in place for medication management.

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

### Requirements

#### Requirement 1

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 requirement was made on 7 October 2025.**

#### Action taken on previous requirement

We viewed notifications received within our eForms system.

At the time of our visit, appropriate notifications had been received. On the date of inspection, we were informed that that there was nothing outstanding to be added.

Whilst there was slight delay in some notifications being submitted, the manager explained that this was due to there being problems with the eForms system at that time, which prevented them from submitting said notifications as timeously as required.

The Public Services Reform (Scotland) Act 2010 notification guidance, publication date March 2025 states that after the submission of a protection notification, the provider may be asked to provide a copy of the referral form sent to the lead agency. Following discussion with the manager, it was agreed that it would be good practice to include this within the eForm notification.

**Met - within timescales**

#### Requirement 2

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 requirement was made on 7 October 2025.**

#### Action taken on previous requirement

We viewed the staff training matrix with regards to falls management. There was a high level of staff compliance in completion of the digital online training. At the time of inspection, an external professional was present within the service delivering practical falls management training. Further dates were arranged to capture staff who were unable to attend on this date.

We observed samples of thorough staff moving and assisting competency assessments. These assessments were to ensure that staff are effectively and safely putting their training into practice. We were informed that these will be conducted on a six monthly basis.

A post falls pathway for managing a person who has fallen or been found on the floor had been developed for staff to use as guidance. This provided clear step by step instructions and was easy to follow. The follow up actions described within this pathway were evidenced as completed in sample falls documentation of people who have recently had a fall, with or without injury. Records showed that appropriate people had been informed post fall. Staff need to ensure that any follow up action identified to mitigate the risk of a further fall is noted within the person's care plan.

Management have developed a more robust system to provide oversight of falls or near misses occurring within the service. This includes a 'Falls Equipment Overview' to ensure that all walking aids and mobility equipment remain safe and fit for purpose. Following discussion with management, this oversight needs to be developed further to ensure that there is a more robust analysis of any fall trends and patterns.

#### Met - within timescales

#### Requirement 3

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 a robust system in place for accurate recording of all medication received, administered, and returned within the service.

**This requirement was made on 7 October 2025.**

#### Action taken on previous requirement

At the time of our visit, we observed an improved and robust system demonstrating how medication is recorded when received, administered and subsequently returned to the pharmacy if required.

Changes have been made to the recording of medication that is received on a one-off quarterly basis only. However, following discussion with management, this will be enhanced further, to remove the opportunity for human error.

Daily counts and checks now take place to ensure that there is an accurate record of medication held within the service.

We observed medication administration competency observation records for all staff responsible for administering medication. The template used for these observations is currently subject to further enhancement This is to ensure that further comments can be captured when identifying areas for improvement and/or recognising good practice.

**Met - within timescales**

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

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

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