

Almond Court Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
19 March 2026

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379123

About the service

Almond Court Care Home is registered with the Care Inspectorate to provide a service to 42 people in a purpose-built building in the Drumchapel area of Glasgow. The provider is Holmes Care Group Scotland Ltd. At the time of this inspection Almond Court Care Home was supporting 39 residents.

The home is situated in a residential area close to transport links and local amenities. There is a small car park to the front of the building and gardens to the rear with additional outdoor seating to the front.

The service is provided over two levels and offers single bedroom accommodation, each with ensuite facilities. There is a communal lounge and dining room on each floor. A sensory room has been created on the first floor and there is a hair salon on the ground floor. A small café is located within the reception area for use of residents and their visitors.

About the inspection

This was an unannounced inspection which took place on 17, 18 and 19 March 2026 between 07.30 and 18.00 hours. 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 13 people using the service and 14 of their relatives
- spent time in the company of people less able to provide verbal feedback
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals

Key messages

- People experienced compassionate care from staff who knew them well
- People benefitted from quality assurance and monitoring systems designed to promote their health and wellbeing
- A variety of activities were available to people promoting socialisation, community engagement and stimulation
- Further improvement was needed to enhance the environment within the home
- The enclosed garden area was in need of attention so that people could benefit from this space

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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from the support of staff who knew them well with warm and respectful interactions observed promoting positive engagement that contributed to a caring atmosphere. People were well presented, with systems in place to monitor the provision of personal care, which supported dignity and wellbeing. Feedback from relatives was largely reassuring, with many expressing confidence in the care and support their family members received. "Care is brilliant" and "Always well presented, care is great" were comments made by relatives.

Activities provided helped people experience meaningful engagement. These opportunities supported positive wellbeing for those who participated, 'there is always something going on' was a comment made by one relative.

However, there were occasions where individuals experienced longer periods of inactivity and the service should ensure that staff have sufficient time and structure to provide regular engagement and promote purposeful daily activity for all residents. "Staff are too busy to have a chat" was a comment made by one person. We have repeated an area for improvement that relates to the provider considering other factors when determining staffing levels. **See area for improvement 2 in the section "What the service has done to meet any areas for improvement we made at or since the last inspection".**

We found medication systems to be well organised and safely administered. The service's audit processes, alongside an external pharmacy audit conducted during the inspection, offered further assurance that medication was being managed in line with safe practice standards.

People assessed as being at risk received well-managed nutritional and hydration support. Monitoring records were completed to a good standard, and the number of people who required this enhanced level of oversight had reduced.

There were very few people with wounds, and these were being managed effectively. People benefitted because there were effective preventative measures in place for people whose skin integrity was compromised. The introduction of clinical folders for managing the risk of malnutrition and wound management, supported quick and reliable access to key information.

We asked the manager to review the mealtime experience to identify improvements needed to promote a calm environment that supports a positive dining experience. People who required assistance were supported at a pace that met their needs and the use of heated plates and plate guards was noted as positive practice, supporting people to maintain their independence. We also discussed opportunities to enhance the presentation of textured meals to improve dignity and enjoyment.

We suggested that the approach to meal fortification should be reviewed, with input from dietetic professionals, to ensure that fortification is applied in line with assessed individual need.

We noted that the provision of a morning tea trolley had ceased. We asked the manager to review this to ensure that in its absence there was an effective systems in place to provide regular hydration opportunities. This is particularly important to support wellbeing and reduce the risk of dehydration for residents who were less able to access the hydration station or request drinks independently.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Improved governance, and clinical oversight meant people experienced safer, more consistent, and better-coordinated care. Auditing of key areas, supported by external input, meant that issues were being identified and addressed sooner, reducing risks and improving day-to-day outcomes for people.

Governance and oversight systems, including the clinical risk register and daily flash meeting, helped ensure that health concerns were recognised earlier and acted on promptly. This proactive approach reduced the likelihood of deterioration or avoidable harm and supported people to receive care that was responsive to their changing needs.

To ensure continuous positive outcomes for people, an improvement plan had been developed, derived from improvements identified by key partners, alongside reflection and lessons learned. This was helping to drive progress in key areas. The plan also included support for staff learning and development provided by Glasgow Health and Social Care Partnership.

The new clinical lead's positive direction and influence meant that staff were receiving clearer guidance and more effective support. This contributed to people experiencing more reliable, confident, and well-managed clinical care. Strengthening capacity for clinical leadership could further enhanced monitoring, and staff capability, all of which could have a direct positive impact on people's health and wellbeing.

Overall, these developments resulted in people increasingly experiencing a service that was responsive to governance and quality assurance processes, and focused on delivering high-quality, person-centred care.

We discussed improvements needed to further strengthen infection prevention and control management following a concern about the storage of clinical waste and the condition of the outside bin area. **See area for improvement 1.**

Areas for improvement

1. The provider should improve environmental checks to strengthen infection prevention and control management.

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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff morale appeared positive, and staff were able to identify improvements associated with having a more settled nursing team and improved systems. We observed effective teamwork, and staff spoke positively about their colleagues. Where staff shortages occurred, the service sought to use regular agency staff to promote continuity for residents and to reduce the burden on permanent staff that can arise when agency staff are unfamiliar with the service.

Although care staff did not report concerns regarding overall staffing levels, we identified limited opportunity for staff to engage residents in meaningful activities. This created a risk that people could experience periods of low stimulation or inactivity.

A dependency tool was used to calculate the staff hours required to meet people's needs. However, it was not nuanced enough to capture the impact of multiple people requiring support simultaneously, such as during mealtimes or the fluctuations in need throughout the day. Without the inclusion of these and other considerations this limited its effectiveness as a staffing-planning tool. We have repeated an area for improvement relating to safe staffing as this had not yet been met. **See area for improvement 2 in the section "Outstanding areas for improvement".**

There was limited capacity for the clinical lead to focus on key leadership responsibilities, as they remained heavily involved in daily operational duties. Introducing protected time would strengthen their ability to oversee clinical governance, drive improvement activity, and support staff more effectively, including maintaining oversight of documentation, risk management, and staff development.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We found the environment to be clean with fresh décor evident on the ground floor, creating a brighter and more welcoming atmosphere for residents and visitors. In contrast, the upper floor appeared more dated and would benefit from redecoration to provide a similarly positive environment. While we were informed that redecoration was planned, there was no environmental action plan available to outline the proposed works or associated timescales.

Dementia-friendly signage was in place, which supported orientation, wayfinding, and independence. A Kings Fund environmental audit had been completed and improvements identified which should inform an action plan to help guide future redecoration and ensure that changes promote a dementia-friendly and enabling environment.

Lounges were arranged in ways that promoted social contact and enabled opportunities for interaction but were not always seen to be well used with many people preferring to spend time in their rooms. People were encouraged to personalise their bedrooms to reflect their interests, taste and personalities, including photographs and cherished personal items.

Managing noise levels is essential to supporting residents' comfort and wellbeing. Multiple televisions operating simultaneously, including in empty rooms, created noise that could potentially be distressing for people with dementia and we asked the manager to review this.

Improvements were needed to enhance the outdoor space and bring the enclosed garden back into use, so that people can benefit from safe, accessible outdoor areas that promote their wellbeing. **See area for improvement 1.**

Issues with the heating system during the inspection had resulted in the use of portable heaters as an interim measure. This was not a new issue and the manager and senior management provided reassurance that this was being addressed. An action plan was in place to mitigate any potential risks associated with the use of portable heating equipment. The management team agreed to keep the Care Inspectorate apprised of progress to resolve this issue.

The manager agreed to strengthen systems to monitor infection prevention and control management and were responsive to issues we identified during this inspection which were addressed immediately. **See area for improvement 1 in the section "How good is our leadership".**

Areas for improvement

1. The provider should carry out the necessary work to create safe, enclosed outdoor space for the benefit of people living in the service and their visitors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support. (HSCS 5.1)

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was a good level of detail within people's personal plans, providing clear and individualised guidance for staff on how best to support each person. This supported staff to deliver care in a way that was consistent and aligned with people's expressed needs and preferences.

While personal plans were evaluated at least monthly, we noted that changes identified through these evaluations did not always result in timely updates to the plans themselves. This created a risk that staff may not always have access to the most up-to-date information to guide care, which could impact outcomes for people.

The plan to introduce an electronic personal planning system continued to be paused. Moving to an electronic system will help to strengthen oversight, improve responsiveness to changes in plans, and enhance the accuracy, legibility and accessibility of care documentation.

Staff maintained running notes, providing information on people's daily presentation, outcomes following input from visiting professionals and communication with family members. This contributed to a fuller picture of each person's day-to-day experience and supported continuity of care.

Reviews were being carried out and a tracker system was in place, enabling management to maintain an overview of scheduled and completed reviews. This reduced the risk of delays and helped ensure that people's plans remained reflective of their current needs.

Supporting legal documentation was in place to ensure that people's rights were upheld and protected. This included evidence of appropriate decision-making processes and oversight of any legal measures in place, helping to safeguard individuals and promote their 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

The manager should ensure that information in all personal plans is up to date, detailed and reflects people needs, wishes and preferences.

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)

This area for improvement was made on 1 July 2025.

Action taken since then

Although work was underway to improve the quality of information in personal plans, supported by quality assurance systems, this work was still in progress.

This area for improvement has not been met and will continue.

Previous area for improvement 2

The provider should consider other factors as part of their staffing method when assessing staffing levels. This should include, but not limited to, factors that impact on staff time and feedback from residents, staff and relatives.

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 'People have time to support and care for me and to speak to me' (HSCS 3.16).

This area for improvement was made on 19 November 2024.

Action taken since then

We found no evidence that decisions about the staffing levels required to meet people's needs were informed by any system or process other than the tool used to assess people's levels of dependency. This meant that staffing arrangements may not have fully reflected what mattered most to people, or how they experienced day-to-day life in the service. This includes ensuring that time for care staff to engage people in meaningful activity is being factored into staffing levels and staff deployment.

This area for improvement has not been met and will continue.

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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