

# Stobhill Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
24 March 2026

**Service provided by:**  
Clyde Care Limited

**Service provider number:**  
SP2016012834

**Service no:**  
CS2022000211

## About the service

Stobhill Nursing Home is registered to provide a care service to a maximum of 59 older people over the age of 65 and one named individual under the age of 65. The provider is Clyde Care Ltd.

The home is a purpose-built two storey building in the residential area of Springburn in Glasgow. It is situated next door to Stobhill Hospital and is close to local shops and community amenities. The building provides single occupancy accommodation over two floors, all 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 24 March 2026. 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 management and reviewed documents.

## Key messages

A new and more robust complaint reporting template has been developed.  
Managerial recording and oversight of complaints needs further improvement.

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

### Requirements

#### Requirement 1

By 23 January 2026 the provider must ensure people are safe, risk is reduced and people receive quality care and support that meets their needs. To do this, the provider must, at a minimum:

- a) Ensure audits are consistently completed.
- b) Ensure audit tools in use are robust, to more fully identify improvement and reduce risk.
- c) Ensure plans are in place to action and complete issues identified in the audit process.
- d) Ensure strong management oversight of the quality assurance processes.

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.

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 systems". (HSCS 4.19).

**This requirement was made on 12 December 2025.**

#### Action taken on previous requirement

Audits had been completed across the service, but this had been inconsistent. Overall, audits were being carried out, but many were inaccurate, incomplete, or not followed through. Misinterpretation of questions, incorrect scoring, and inconsistent action planning meant that audits were not reliably identifying risk or driving improvement.

Stronger management oversight had been required to ensure that quality assurance processes were effective.

**This requirement has not been met and will be extended until 6 April 2026 and re-assessed at the next inspection.**

**Not met**

## Requirement 2

By 6 March 2026, to ensure that people receive responsive care and support, the provider must ensure that all concerns and complaints raised are effectively managed. This is to ensure that individuals and their families have confidence in the complaints process.

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

- a) Ensure that staff accurately and timeously record and investigate all complaints and concerns in accordance with the service complaints policy and procedure
- b) Ensure that staff clearly communicate with people to advise of the status of their complaint throughout the complaint process.
- c) Ensure that all responses to concerns and complaints provide a clear account of what the service has investigated, how they investigated this along with the outcome of the investigation
- d) Ensure the manager implements an ongoing quality assurance system for the review of complaints and concerns.
- e) Ensure all staff responsible for complaint handling are adequately trained, competent, and supported to perform their duties effectively in accordance with the service complaints policy and procedure.

**This requirement was made on 17 December 2025.**

### Action taken on previous requirement

The manager informed us that since our last visit, no formal or informal complaints had been directly received to the service via people experiencing care, family members or visitors. We therefore focussed our assessment of the service complaint handling compliance and managerial oversight, on anonymous complaints received directly to the Care Inspectorate. These had been timeously shared with the service and provider for action and oversight.

A new complaint response template has been developed. This offers a more robust response to any complaint received, which requires follow up action.

A complaint handling awareness and training session had been delivered to all managers within Clyde Care Ltd. Training has not yet been delivered to all staff within the service. During discussions with management, the importance of all staff awareness of their roles and responsibilities for complaint handling was recognised.

The recording and managerial oversight of complaints received requires improvement. Whilst there are now regular management meetings, which include weekly discussions around complaints received, the documentary evidence presented to us was vague, inaccurate and incomplete. This meant that we were not confident that management could maintain robust oversight of what complaints had been received, their status, nor any oversight of any patterns emerging from such complaints.

Whilst there had been some improvement in how the service was handling complaints, overall, the evidence available was not sufficient enough to demonstrate that the requirement had been met in full.

This requirement has not been met and will be extended until 15 May 2026 whereafter it will be re-assessed.

Not met

## Complaints

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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