

Stobhill Nursing Home Care Home Service

70 Stobhill Road
Glasgow
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Telephone: 01414137050

Type of inspection:
Unannounced

Completed on:
26 May 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 second follow up inspection, which took place on 19 May 2026. This was following an upheld complaint reference CN2025142999.

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 continues to be used.
Care staff are now more aware of their role and responsibility when handling complaints received.

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

This requirement was assessed at service inspection conducted on 8 May 2026.

This requirement had not been met and is extended until 6 August 2026, whereafter it will be 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 is to comply with Regulations 18(3) and 18(4) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This requirement was made on 17 December 2025.

Action taken on previous requirement

The regional operations manager informed us that over the period January 2026 to the date of our visit on 19 May 2026 inclusive, no formal or informal complaints had been received directly 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 and confidential complaints received directly to the Care Inspectorate. These had been timeously shared with the provider for action and oversight.

Not all complaints shared by the Care Inspectorate with the provider had been allocated to the appropriate staff to assess, and investigate where appropriate to do so. This meant that there were still several complaints that had not received any attention or assessment from the service.

The recording and managerial oversight of complaints received still requires improvement. Documentary evidence presented to us was inconsistent and inaccurate.

There was no evidence available to demonstrate how the service had analysed the nature of the complaints received to identify any patterns or themes emerging, which would then have allowed the service to reflect and subsequently address areas identified as requiring improvement.

A new complaint response template continues to be used. This offers a more robust response to any complaint received which requires follow up action.

The service has started to engage care staff in complaint handling and awareness training. During our visit, we spoke with care staff, who positively reflected what actions they would take if presented with a complaint or concern from any people experiencing care, family members or visitors.

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

This requirement has not been met and will be extended until 6 August 2026, whereafter it will be re-assessed at the next inspection.

Not met

Requirement 3

By 28 June 2026, people must be supported to experience care and support that is safe and right for them.

To do this the provider must ensure that:

a) accurate assessment of individuals' physical and mental health needs are regularly completed. This must include, but is not limited to, risk of falls, nutritional needs, continence/skin care needs, covert medication and stress and distress;

b) records used to evaluate people's health and wellbeing are improved. This should include, but is not limited to, food and fluid intake records. This information must be used to evaluate the effectiveness of interventions at regular intervals throughout the day and direct staff on how to support people.

This is to comply with Regulation 4(1)(a) and Regulation 5(b) (i)(ii) and (iii) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011.

This is to ensure that people's health benefits from their care and support and takes account of the Health and Social Care Standards(HSCS) which state: and "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24) and "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 requirement was made on 8 May 2026.

Action taken on previous requirement

This is an outstanding requirement made at the last service inspection 8 May 2026.

Not assessed at this inspection

Requirement 4

By 6 August 2026 you, the provider must ensure people are kept safe and their health and wellbeing are promoted, by the service having robust communication and reporting systems. This must include, but is not limited to:

a) ensure all staff recognise and escalate incidences of harm or potential harm to ensure appropriate follow up;

b) submit timely notifications to the Care Inspectorate in accordance with guidance entitled: 'Adult Care

Services: Guidance on records you must keep and notifications you must make’.

This is to comply with regulations 4(1)(a) 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: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 8 May 2026.

Action taken on previous requirement

This is an outstanding requirement made at the last service inspection 8 May 2026.

Not assessed at this inspection

Requirement 5

By 6 August 2026, the provider must ensure service users’ holistic needs are accurately assessed, documented and effectively communicated between all relevant staff and met.

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

- a) personal plans are implemented, and care is delivered in accordance with the assessed needs and preferences of each individual service user;
- b) improved evaluation of the effectiveness of care interventions and the outcomes used to direct staff on how to support people;
- c) daily recordings fully reflect individuals experiences over the 24-hour period.

This is to comply with Regulations 4(1)(a) (Welfare of Users) and 5 (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure 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 requirement was made on 8 May 2026.

Action taken on previous requirement

This is an outstanding requirement made at the last service inspection 8 May 2026.

Not assessed at this inspection

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

Care reviews should meaningfully reflect what has been achieved as a result of care and support provided and agreed changes, to ensure people experience positive outcomes.

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 8 May 2026.

Action taken since then

This is an outstanding area for improvement made at the last service inspection on 8 May 2026.

This was not assessed at this time.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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