Stobhill Nursing Home
Care Home Service

70 Stobhill Road
Glasgow
G21 3TX

Telephone: 01414137050

Type of inspection:
Unannounced

Completed on:
13 August 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 an unannounced follow up inspection which took place on 30 June 2026 and 13 August 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 and complaints information,
- information submitted by the service and
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and two of their relatives
- spoke with eight members of staff and two members of the management team
- spoke with one visiting professional
- observed practice and daily life
- reviewed documents

Key messages

- Accident and incident monitoring had improved.
- The quality assurance processes had improved.
- Health assessments and personal plans processes had improved.
- Some daily care record keeping could be further developed.

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 good is our leadership?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership? 3 - Adequate

We completed a follow up inspection to measure the action taken in response to outstanding requirements relating to quality assurance and complaint management.

These requirements have been met. We have changed the evaluation for this key question from 'weak' to 'adequate'.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

How well is our care and support planned? 3 - Adequate

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to personal planning within the service.

This requirement has been met. We have changed the evaluation for this key question from 'weak' to 'adequate'.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

Areas for improvement

1. To ensure that daily records are more meaningful and support evaluation of peoples care, the manager should ensure that staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected". (HSCS 1.23)

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

The management team followed the providers quality assurance processes. Audits were completed to measure areas such as catering, nutrition, medication, the environment, personal planning, accidents and staff practices. When needed, appropriate actions plans were developed. This allowed the management team to identify what was working well and where further improvement was needed. The management team revisited action plans to assess whether the identified improvement had been achieved or not. External management audits were completed to monitor practice this in area.

The quality assurance processes were used to inform an overall service improvement plan. This allowed additional oversight into outstanding actions in the service.

This requirement has been met.

Met - within timescales

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
There had been no new complaints since the last inspection. We discussed with the management team the processes and procedures in place should a complaint or concern be identified within the service. We were given clear examples of what actions would be taken in response to concerns or complaints. Clear systems and processes were in place. Included in the processes was an overview document. This allowed for complaints or concerns to be recorded and management to monitor the process until resolution.

Previous improvements with staff knowledge and understanding continued. Staff knew when and how they should escalate any concerns that they had received.

This requirement has been met.

Met - within timescales

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

The service had introduced an electronic personal planning system. This included a range of relevant health risk assessments including falls, nutrition, continence and skin care needs. The relevant assessments had been completed for all individuals living in the care home. The management team planned to follow a 'resident of the day' programme to ensure that health risk assessments were reviewed at least monthly or when changes were detected.

Staff were positive about the new system and advised that training had been supportive. Additional time had been made available for the transferring of information. Staff were able to demonstrate how they would log individuals daily experiences. This included food and fluid recordings.

This requirement has been met.

Met - within timescales

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

Since the last inspection an overview of accident and incidents had been introduced. This was used to monitor adverse events. There was improved reporting of these events. This allowed the management team to be aware of events and take appropriate follow up actions.

Overall, reporting to the Care Inspectorate had improved. We discussed some incidents that had been reported to other agencies but not to the Care Inspectorate. We discussed with the management team their understanding of the processes and we received clear rationale for the reasoning behind this. Further clarification was provided.

Due to the improvements in this area, this requirement has been met.

Met - within timescales

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

People should expect their personal plan to reflect their needs, wishes and choices. We reviewed the new personal plans that had been completed on the electronic system. From those reviewed, we found personal plans for key areas of daily life. This helped to guide staff when providing care and support. The personal plan evaluation processes had improved in recent months. This allowed staff to consider what was working

well for people and make any changes required. The care home management team had introduced additional oversight in these areas.

Daily recordings were being completed by staff across the 24 hour period. We found some of these were task focussed and lacked a person centred perspective of peoples experiences. Improved content of record keeping would strengthen this area. We have made a new area for improvement in relation to this in Key Question 5 (see area for improvement 1).

This requirement has been met.

Met - within timescales

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
More time was needed to fully embed this area for improvement into routine practice. We will monitor this at future inspections.

This area for improvement has not been met and will be repeated.

Complaints

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

Detailed evaluations

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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