Cardonald Care Home
Care Home Service

Cardonald Care Home
663 Mosspark Drive
Cardonald
Glasgow
G52 3AR

Telephone: 01418834131

Type of inspection:
Unannounced

Completed on:
18 June 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 an unannounced inspection which took place between 17 and 18 June 2026 between the hours of 0645 and 1700. 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 seven people using the service and two of their relatives
- spoke with 12 members of staff and two members of the management team
- spoke with two visiting professionals
- reviewed survey responses from nine people using the service, three staff members, 11 family members and three visiting professionals
- observed practice and daily life
- reviewed documents

Key messages

- People receiving care and support told us they were happy with the service
- Quality assurance and improvement was well led
- Improved teamworking would promote a more coordinated, person centred approach to care
- Two previous areas for improvement have been met
- Recruitment practices must consistently align with best practice

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?	2 - Weak
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

1.3: People's health and wellbeing benefits from their care and support

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

We observed friendly, warm and compassionate interactions between staff and people. People were supported by staff who knew them well. Overall feedback was positive in relation to the staff team and the care they delivered. One person told us 'I feel at home, they are very friendly', whilst a relative commented 'all the staff have been friendly and welcoming to me...as a frequent visitor'. This helped people to feel valued.

The staff were aware of individuals' health needs and understood how best to support them. They demonstrated knowledge of the range of healthcare professionals available for advice and support when required. An external professional commented 'the new manager takes a genuine interest in the needs of people and works with us collaboratively' whilst a relative commented 'the staff are proactive with any medical issues and have always called me when necessary'. This was confirmed by the professional notes that we sampled. This helped to keep people well.

Mealtimes were well organised and offered a positive experience. The dining room was prepared ahead of the meal. People were offered a choice of seat, a napkin or clothes protector when this was required. The opportunity to cleanse hands was consistently offered prior to mealtimes. To support people to select what they would like to eat, staff offered visual choices where appropriate. Where people needed assistance, staff supported them discreetly and patiently. Staff confirmed that people had consumed enough food and offered second portions when appropriate. People had access to snacks and drinks between meals, which supported good food and fluid intake. One relative commented 'she has put on weight since moving to the care home'.

Where needed, staff introduced additional monitoring of people's food and fluid intake. Records showed what people had been offered and what they had consumed. This helped staff review planned care and respond to changes in people's needs. Additional management oversight of this process had been introduced. This allowed the management team to identify when any corrective action was required quickly. This gave assurance of a responsive approach to nutrition and hydration.

Overall, medication was being managed well. An electronic medication system provided additional oversight of prescribed medication. This supported staff to ensure that people received their medication as prescribed. As required protocols had been developed. We found the quality of these varied. At times these had been incorporated into the personal plan ensuring the information was accessible to the staff team. This positive approach should be extended to other areas of the care home. The management team agreed to take this forward. This would allow this information to be accessible for all staff.

Meaningful activity promotes physical and social wellbeing. One person told us 'I enjoy living here, I get to help with laundry and setting of tables before meals'. The activity schedule included bingo, karaoke, arts and crafts, entertainers and spending time outdoors. In the absence of a designated activity worker, the staff team supported planned activities. We received mixed feedback in relation to the availability of activities.

Whilst one person told us 'there are activities taking place in the care home', another commented 'an activity worker would be a benefit, this would save the staff from taking time out from caring, when this was in place before peoples lives were hugely enhanced'. The service gave a commitment to providing protected staff time to ensure that people could participate in activities important to them.

How good is our leadership? 4 - Good

2.2: Quality Assurance and improvement is led well.

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

Since the last inspection, a new manager had been appointed. The manager was visible across the care home. We received positive comments from individuals regarding the management team. One external professional told us ' (person name) has had a positive impact in improving standards in the care home' whilst a member of staff commented 'this has been a positive impact, very approachable and takes time to listen and genuinely cares for residents and families'. This helped people to feel valued.

People should benefit from a culture of continuous improvement. The service followed the providers quality assurance processes. There was a range of quality audits being completed. This included personal planning, medication, the environment, wellbeing, mealtime experience and healthcare. The staff team were encouraged to be involved in this process. This meant that staff were exposed to expected standards which supported good practice. Action plans were developed following the completion of audits. When this opportunity was missed by the person completing, we could see that the management team took corrective action. This allowed the service to monitor what improvements had been made and which actions were outstanding. The management team had introduced supplementary tools to strengthen quality assurance. This included the environment, nutrition, wound care and infections. The management team engaged with self-evaluation. This allowed them to consider what was working well and areas that they could further develop.

Quality assurance informed an overall service improvement plan. This allowed the management team to share what the service was working toward and what had been achieved. Work was underway to make the service improvement plan more accessible. A previous area for improvement has been met.

Accidents and incidents were monitored and analysed within the service. This provided assurance that when things did not go to plan, the service used a lessons approach. A monthly overview was maintained. We saw examples of this learning leading to positive changes for individuals, such as the introduction of assistive technology to help reduce falls.

How good is our staff team? 2 - Weak

3.1: Staff have been recruited well
3.3: Staffing arrangements are right, and staff work well together

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes.

Staffing arrangements were determined by regular assessment of peoples nursing and care needs. This process and outcome was displayed in the care home. This provided those visiting, living or working in the care home access to see how the service calculated staffing. We found that there was enough staff to meet the needs of people. We received comments in relation to staff changes. One person commented 'the turnover of staff makes it difficult to get consistency' whilst another told us 'the team is constantly changing due to staff turnover....great respect to the long-term carers, they are a great asset to the care home'. The senior management team acknowledged improved team work was needed. Arrangements were in place for an external company to meet with the staff team to progress improvement. This would enhance communication and continuity of care.

People should have confidence in the people who support them. Staff training records were up to date and reflected a combination of face-to-face and online training. This included attending training by external facilitators. Training completion rates were high. Observations of practice should be developed to align with staff training. This would give assurance staff apply training into practice. Although these were taking place, we shared with the service how these could be strengthened to align to the training offered. The management team gave a commitment to this. Newly appointed staff told us that they had received an initial induction to the care home. Record keeping arrangements should be strengthened to evidence the extent of peoples induction training.

People should be confident that the staff who support and care for them have been appropriately and safely recruited. Recruitment policies and procedures were in accordance with 'Safer Recruitment Through Better Recruitment' guidance. However, we found full pre employment checks had not been consistently applied (see requirement 1).

Requirements

1. By 9 August 2026 , the provider must ensure that people experience care which is provided by staff who have been safely recruited.

To do this they must:

a) ensure that recruitment practice complies with the 'Safer recruitment through better recruitment' guidance.

This is in order to comply with Regulation 9 (2)(b) (Fitness of employees) and 15 (a) (Staffing) 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 am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

How well is our care and support planned? 4 - Good

5.1: Assessment and personal planning reflect people's outcomes and wishes

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

Personal plans help to direct staff about peoples support needs and their choices and wishes. The service used a paper based system. An electronic personal planning system was about to be implemented.

People could be assured that staff assessed their health needs. The information from health assessments was used to develop personal plans. When people or their families wished to be included in the development of their personal plan, this was supported by the staff team. This meant that plans reflected peoples health needs and their wishes.

It is important for services to keep clear and accurate records on care delivery and outcomes for individuals. Monthly reviews of people's personal plans were completed. However, at times these were task focussed and did not fully consider all aspects of what was important to the person. This had been identified during quality audits and plans were being developed to improve this. This would ensure that monthly reviews were person centred and outcome focussed.

Daily recordings were being completed by staff however, these were task focussed and lacked person centred perspective of peoples experiences. Improved record keeping would help demonstrate where people benefit from their care interventions and support meaningful evaluation of peoples care arrangements. We have repeated a previous area for improvement (see area for improvement 1).

A six-monthly review schedule gave those living in the care home and those closest to them the opportunity to be involved in their care and support. Dates had been arranged for future reviews. This helped ensure peoples care arrangements were right for them.

Areas for improvement

1. To ensure that daily records are more meaningful and reflective of people's daily experiences, the manager should improve the quality of recording by providing clearer guidance, regular monitoring, and constructive feedback to staff.

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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

1. The provider should further develop the service improvement plan (SIP) so that it functions as a dynamic and regularly updated tool. It should clearly reflect ongoing activity and be used to inform wider improvement strategies across the service. This will support a culture of continuous improvement and ensure that developments are planned, monitored, and evaluated effectively.

This is to ensure 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).

This area for improvement was made on 2 October 2025.

Action taken since then
As with comments in Key Questions 2, the service had a service improvement plan in place which was being updated regularly. There was work being undertaken to move completed areas to its own area of the plan. This would allow the service to evidence what ahs been achieved whilst allowing the plan to be accessible.

This area for improvement has been met.

Previous area for improvement 2

2. To ensure that daily records are more meaningful and reflective of people's daily experiences, the manager should improve the quality of recording by providing clearer guidance, regular monitoring, and constructive feedback to staff.

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)

This area for improvement was made on 2 October 2025.

Action taken since then
Please see Key Questions 5, more time was needed to fully embed the improvements in this areas.

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

Previous area for improvement 3

3. To maintain high standards of cleanliness and reduce the risk of cross-contamination, the service should ensure:

a) Adequate numbers of external waste bins are provided to meet the needs of the home.

b) The external bin area is checked at regular intervals throughout the day to ensure bins are not over-full, lids are closed and the surrounding area is kept clean and free of debris.

c) Records are maintained to provide evidence of these checks.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: " I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.22)

This area for improvement was made on 2 October 2025.

Action taken since then

We reviewed the external bin area during the inspection. We found that the service had adequate number of external bins. The bin area was found to be clean and tidy with bin lids fully closed. The area was being checked daily and this was signed off when completed.

This area for improvement has been met.

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 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?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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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