Cardonald Care Home
Care Home Service

Cardonald Care Home
663 Mosspark Drive
Cardonald
Glasgow
G52 3AR

Telephone: 01418834131

Type of inspection:
Unannounced

Completed on:
12 August 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 follow up inspection which took place on 12 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 one people using the service
- spoke with two members of staff and two members of the management team
- observed practice and daily life
- reviewed documents

Key messages

- Recruitment practices had improved since the last inspection.
- A requirement following a complaint investigation has been met.
- A previous area for improvement related to daily records has been repeated.

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 staff team?	3 - Adequate

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

How good is our staff team? 3 - Adequate

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to staff recruitment 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.

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

Requirements

Requirement 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).

This requirement was made on 18 June 2026.

Action taken on previous requirement

There had been limited recruitment activity since the last inspection. However, we found that the service had followed best practice guidance when recruiting. We reviewed recruitment files for individuals currently in the recruitment process. These were not yet fully complete and no start date had been agreed. Appropriate processes and procedures were being followed for these individuals.

The management team demonstrated a clear understanding of the principles of safe recruitment.

This requirement has been met.

Met - within timescales

Requirement 2

By 07 August 2026, the provider must demonstrate that systems are in place to ensure that people's health and wellbeing needs are carefully monitored and any changes in presentation are promptly escalated. To do this the provider must, as a minimum, ensure:

a) staff have competence and confidence to recognise when people's healthcare needs are declining;
b) staff implement monitoring and record clinical observations in line with the recognised clinical risk assessment tool used by the service;
c) detailed and accurate records are maintained to demonstrate the care provided and decisions taken by staff;
d) staff escalate concerns both internally and externally without delay, to ensure a coordinated response to people's deteriorating condition and clinical risk presentation

e) staff are familiar with the service pain assessment and management policy and procedure and implement this fully, as appropriate.

To be completed by: 07 August 2026

This is in order to comply with: Regulation 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 care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This requirement was made on 7 July 2026.

Action taken on previous requirement

We reviewed accidents and adverse events in the service. When required, the RESTORE2 tool had been utilised. This tool is designed to support care home staff to identify, monitor and respond to individuals deteriorating health. This recorded signs of a person's physical deterioration and any appropriate action taken to contact health professionals. This was completed in good detail and used effectively when needed. Daily, family and professionals contact notes demonstrated the steps taken by staff and the communication with others during these times. Appropriate escalation was evidenced through this documentation.

We discussed with the service the ongoing need to refresh staff knowledge and understanding in relation to clinical policies through the use of group or clinical supervision.

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

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 18 June 2026.

Action taken since then

There continued to be a need for daily records to be meaningful and fully reflect peoples experiences. We discussed areas that could be developed. More time was needed to fully embed improvements in this area.

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

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate

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