Baillieston Care Home
Care Home Service

Baillieston Care Home
3 Station Road
Baillieston
Glasgow
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Telephone: 01414137050

Type of inspection:
Unannounced

Completed on:
4 June 2026

Service provided by:
Clyde Care Limited

Service provider number:
SP2016012834

Service no:
CS2022000213

About the service

Baillieston Care Home is a purpose built two storey building within the residential area of Baillieston in Glasgow.

The home provides care and support for up to 60 older people. The home is accessible to public transport routes and motorway. There are local amenities including shops near the care home.
The service provides a secured garden area easily accessible from the ground floor lounge.

At the time of the inspection, the home had 51 people living in the service.

About the inspection

This was an unannounced inspection which took place on 3 and 4 June 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 eight people using the service and five of their relatives
- spoke with 14 members of staff and three members of the management team
- spoke with three visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- People benefited from kind, compassionate staff who knew them well and supported their wellbeing.
- People's health was monitored well, and staff escalated changes to health professionals when needed.
- Quality assurance and improvement were well led and supported positive outcomes for people.
- Aspects of care related 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 well do we support people's wellbeing?	4 - Good
How good is our leadership?	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

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 saw warm, compassionate interactions between staff and people. Staff were friendly, genuine and kind. They supported people's choices and preferences because they knew them well. Feedback from people was mixed. One person told us, 'all of the staff are great to me', while another said, 'there has been times that it is staff that I didn't know'. The service had recently introduced consistent relief staff. This helped to promote continuity of care.

People could enjoy their meals in a relaxed environment. Overall, mealtimes were calm and unhurried, with a pleasant and friendly atmosphere. Staff offered appropriate support and encouragement to eat and drink. Where people needed assistance, staff supported them discreetly and patiently. The menu was displayed on a whiteboard in each dining area, with more detail available outside the dining room. We suggested making menus available in a more accessible formats to better support people to choose what they wanted to eat. People were offered snacks and drinks between meals, which supported good food and fluid intake.

Where required, staff monitored 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. A previous area for improvement relating to supporting better nutrition and hydration was met. We found some fluid targets had not been fully completed in records. Although handovers and daily huddles gave assurance that staff knew who needed additional support, clear, accurate records are important to show what care has been delivered and what this means for people. The quality of record keeping varied, therefore, we repeated an area for improvement relating to personal planning and record keeping (see area for improvement one).

Staff regularly assessed people's health and wellbeing needs. When they identified changes, they made appropriate and timely referrals to external professionals. Professionals told us referrals were appropriate and that staff followed their recommendations to keep people safe and well. One professional said, 'staff will refer appropriately and they will come back to us if they don't think things are improving for people'. This supported people to receive the right care at the right time.

Medication was managed effectively. This supported people to receive the right medication at the right time. Staff had guidance for administering 'as required' medication. When people were distressed, staff tried alternative interventions before administering medication. These interventions followed best practice guidance. Staff used recognised medication protocols to respond to people's needs. Where covert medication was required, appropriate documentation was in place and reflected best practice.

Meaningful activity promotes physical and social wellbeing. A newly appointed activity worker was getting to know people living in the care home. People could take part in a range of activities, including musical events, quizzes, arts and crafts, and bingo. Feedback about activities was mixed. One person told us, 'I enjoy the bingo games', while another said, 'there wasn't much to do'. The service had introduced plans to re-establish the activity schedule following recent staffing changes. This included opportunities for people who preferred not to take part in larger group activities. We discussed opportunities for people to move around more, where this was their choice. The service agreed to take this forward.

We observed some moving and assistance practice that could be improved. The service had already identified this before the inspection and had delivered refresher training to staff. We discussed the need to monitor practice following training, to ensure staff used the learning consistently and safely in their day-to-day work.

Areas for improvement

1. To promote people's wellbeing, the service should improve the standard of personal planning to ensure this is outcome focused and informed by people's choices and wishes. To do this, they should ensure;

a) staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved

b) there are effective monitoring systems and clear support strategies in place to guide staff with regards to the whereabouts of individuals who are known to walk with purpose

c) staff consistently implement all falls prevention measures outlined in individual care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) and 'My future care and support needs are anticipated as part of my assessment (HSCS 1.14) and "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. (HSCS 3.14)

How good is our leadership? 4 - Good

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.

Overall, people gave positive feedback about the care home management team. One person told us, 'there had been issues in the past but these have been rectified since the new manager came on board'. A staff member said, 'the management team are approachable and supportive with the staff'. This supported a more open and positive culture in the service.

The management team followed the provider's quality assurance programme. This included checks of personal planning, wound care, medication, nutrition, mealtime experiences, catering, the environment and meaningful activities. Staff across the care home were encouraged to contribute to quality assurance. Where improvements were needed, action plans were developed and reviewed until actions were completed. This meant quality assurance led to improvement, therefore, a previous area for improvement had been met. The service planned to increase personal plan audits, which would support improvement in this area.

The service improvement plan was informed by quality assurance activity and feedback from people. The plan was available in different areas of the care home, so people and their relatives could see planned improvements. We asked the service to consider adding a completed actions section, to make progress clearer and improve accessibility. The service also used a 'You said, we did' approach. This helped people see how their feedback had influenced change. The service had completed a self-evaluation, which helped the management team identify what was working well and plan targeted future developments using evidence they had gathered.

The service monitored and analysed accidents and incidents. This helped the management and staff team understand what had happened and identify changes needed to reduce the risk of recurrence. Daily meetings between staff and management supported open discussion about accidents, incidents and changes to planned care. This helped keep people safe.

The service had an appropriate complaints policy and procedure. This was shared with people, and information about how to escalate concerns was available at reception. We heard examples of people and relatives raising concerns that were then resolved. However, some people were less confident this would happen. We reviewed recent meeting minutes where people had shared concerns and could see that actions had been put in place. People who had attended the meeting valued this opportunity. This supported people to feel involved in the care home and listened to. A further meeting was planned. We encouraged this to give people opportunities to share what was working well and what could improve.

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 promote people's health and wellbeing, the service should ensure:

a) people's nutritional needs are regularly monitored and audited

b) reflect people's personal choices and preferences

c) reflect their personal plans and any specialised support required.

This also ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'To ensure people experiencing care can have confidence that their health and wellbeing is monitored carefully, there should be a clear and consistent approach to food and fluid monitoring to inform care plan development and review' and 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

This area for improvement was made on 29 August 2025.

Action taken since then

As outlined under key question 1, the service regularly monitored people's nutritional needs. The support plans we sampled contained sufficient information about the support people needed. We asked the service to continue monitoring the completion of fluid targets to support consistent staff practice.

This area for improvement has been met.

Previous area for improvement 2

To promote people's wellbeing and safety, the service should develop robust quality assurance systems. This includes, but is not limited to:

a) regular audits of key areas such as medication, falls, meal time experiences and care planning

b) staff observations of practice.

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 processes.' (HSCS 4.19)

This area for improvement was made on 29 August 2025.

Action taken since then

As outlined under key question 2, the service followed the provider's quality assurance programme. Audits monitored practice in key areas of the service.

Staff observations of practice were underway.

This area for improvement has been met.

Previous area for improvement 3

To promote people's wellbeing, the provider should improve the care home setting and it's approach to infection prevention and control. This includes, but is not limited to:

a) replacing the ground floor corridor carpet

b) updating the environmental improvement plan in line with the conditions of their registration

c) submit a variation to ensure conditions of registration accurately reflect any changes detailed within the environmental improvement plan.

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 5.24)

This area for improvement was made on 29 August 2025.

Action taken since then

The provider had replaced the ground floor carpet, and the care home was clean and tidy. The provider had updated the environmental plan in line with the conditions of registration. This plan demonstrated what work had been completed. A variation has been submitted to the Care Inspectorate to remove the condition from the registration certificate. A site visit has been arranged to progress this variation request.

This area for improvement has been met.

Previous area for improvement 4

The Care Provider should ensure mechanisms are in place in order to ensure individuals living in the care home can choose to regulate the temperature of their environment.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.' (HSCS 5.19)

This area for improvement was made on 25 June 2025.

Action taken since then

The provider had explored ways to increase temperature controls in each bedroom. This was not possible in all bedrooms because of underfloor heating. Contingency arrangements were in place so additional heating or air conditioning could be provided when needed.

This area for improvement has been met.

Previous area for improvement 5

To promote people's wellbeing, the service should improve the standard of personal planning to ensure this is outcome focused and informed by people's choices and wishes. To do this, they should ensure;

a) staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved

b) there are effective monitoring systems and clear support strategies in place to guide staff with regards to the whereabouts of individuals who are known to walk with purpose

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This area for improvement was made on 25 June 2025.

Action taken since then

As outlined under Key Question 1, the quality of daily recording continued to vary. Some records remained task focused and did not consistently describe people's experiences or the outcomes achieved.

More time was needed to fully embed this improvement.

This area for improvement 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.com.

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

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