

# Clyde Court Care Home Care Home Service

South Avenue  
Clydebank Business Park  
Clydebank  
G81 2RW

Telephone: 01419511133

**Type of inspection:**  
Unannounced

**Completed on:**  
17 April 2026

**Service provided by:**  
Maven Healthcare (Clyde Court) LLP

**Service provider number:**  
SP2022000216

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CS2022000324

## About the service

Clyde Court Care Home in Clydebank provides a care service for up to 70 older people, three of which are to be used for individuals under the age of 65.

The home is on three levels with lift access and comprises of lounges and a dining area on all floors. All rooms have an ensuite, with bathroom and shower facilities on each floor. There is garden space that is accessible from the ground floor. The home is near local shops and cafes, and is within walking distance to the nearby train station.

At the time of inspection visit there were 46 people living in the home.

## About the inspection

This was an unannounced inspection which took place on 14, 15 and 16 April 2026 between the hours of 9:45am and 20:40pm. 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 11 people using the service and six of their family/friends
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals
- read survey results from one supported person, three relatives and 2 external professionals

**Key messages**

The home was providing care and support of a good standard. Improvements had been made and health and wellbeing outcomes for people had been positively impacted.

Quality assurance was taking place regularly but could have been more thorough and effective. The new manager was keen to sustain improvements at the home. We repeated an area for improvement relating to this theme.

**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?	3 - Adequate

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 evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We spent time at the service and observed interactions between staff and supported people that were warm and positive. Staff that we spoke to had a good understanding of people's health and support needs. Health and wellbeing outcomes for people living within the home had improved and we met people who had made positive progress. This included spending more time out of bed, joining in with activities and having positive mealtime experiences. People told us, 'Things in general are very good', 'Staff know what to do' and 'The food is good'. When we spoke to relatives/ friends they said, 'Staff are engaged and available', 'Really happy now I see progress' and 'It's tailored now and think it will still improve more'. Feedback we received during our inspection from people and their representatives was almost entirely positive, with increased confidence in the service.

Daily meetings between key staff were effective and followed up on any concerns relating to people's health and wellbeing. Checks were made to ensure follow up actions had been taken in a timely manner. The care plans that we sampled had improved from previous inspections and were more reflective of people's support needs. People told us they did not have to wait long if they used their buzzers and staff were visible across the home.

We found that there had been improvements made to menus, food choices and modified diets. There had been noticeable improvements to activities that were on offer and evidence of how this had positively impacted on people living at the home. We also noted significant improvement to the environment and to the atmosphere in general. New equipment had been sourced and effective IPC (Infection Prevention and Control) had been implemented. This included laundry and domestic support. Any minor environmental issues we shared were promptly actioned.

Feedback from external professionals gave further assurance relating to reduced risks and improving outcomes for people. Overall, people's health and wellbeing was benefitting from their care and support.

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We found that the service had made some progress relating to quality assurance and improvement. Whilst it was positive that audits had regularly taken place they were at times vague and it was not always clear what actions had been taken. We felt recordings of some documents had room for improvement and we shared some specific examples with the service. There was already an outstanding area for improvement relating to quality assurance so we have repeated that.

**(See outstanding areas for improvement later in this report).**

We found the new manager to be approachable and responsive to any suggestions that we made.

We found some positive steps had been taken by the service by introducing their own surveys, resident meetings and encouraging shift leaders to have more responsibility. The staff we spoke to were positive about the new leadership and management at the home and staff felt well supported. The use of agency staff had reduced overall, but those that did shifts at the service had more thorough handovers and were provided with information relating to the people they were supporting.

We suggested that the service could further improve communication between staff and with people or their relatives. Some minor issues were not always fully communicated and had caused some confusion that could have been easily avoided. However, everyone we consulted with felt able to raise issues with the management team. The service advised us that they would be cautious with the number of new referrals to the home as to not jeopardise the progress that had been made to date.

## 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

The service should ensure that quality assurance documents are fully and consistently applied and recorded. This should include clear accountability for which staff should complete actions, by when and should be signed off to confirm progress and/or completion.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

**This area for improvement was made on 23 October 2025.**

#### Action taken since then

We sampled audits and documentation and found that, although there had been positive steps to improve the auditing process, there were still some improvements that could be made. We shared some specific examples with the management team that could have more effectively captured actions and progress. Some issues had not been picked up by the audits and others had not been signed off by managers. We pointed out the importance of good evidence trails should documentation be required if an accident/ incident occurs.

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

#### Previous area for improvement 2

The service should comply with the Care Inspectorate guidance 'Adult care services: Guidance on records you must keep and notifications you must make'. The provider should notify the Care Inspectorate of all relevant incidents under the correct notification heading and within the required timeframe.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20)

**This area for improvement was made on 23 October 2025.**

### Action taken since then

We sampled records at the service and found that they matched notifications that had been made to us. The notifications were mostly clear about actions that had been taken and updates were being provided when known.

**This area for improvement has been met.**

### Previous area for improvement 3

The service must ensure that care documentation related to continence support is detailed, consistent, and reflective of the care provided. This includes clear guidance for staff on how to support individuals who may remove continence aids, as well as consistent recording of when continence care is provided.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me.' (HSCS 1.19)

**This area for improvement was made on 18 April 2025.**

### Action taken since then

The care plans that we sampled were clear with regards to the level of support that people required with continence care. This information was person-centred. Recordings of care and continence care specifically appeared to now be recorded in real time and not later in day, as this had previously led to records not showing regular support with continence. During our inspection we found no obtrusive smells and people appeared to have had personal care supported at appropriate times.

**This area for improvement has been met.**

### Previous area for improvement 4

The service should ensure that care plans are familiar to staff, regularly accessed, updated and meaningfully reviewed. This should include agency staff receiving care plan summaries for those they are to support.

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 26 June 2025.**

### Action taken since then

The care plans that we sampled were reflective of people's support needs. The online system evidenced that they were regularly accessed and updated. Care plans had been updated following people's reviews or if significant changes had occurred. Agency staff and the home's own staff were provided with care plan summaries that identified important information relating to people's health and support needs. Effective handovers were in place between shifts.

**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.com](http://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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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