

Almond Court Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
1 July 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379123

About the service

Almond Court Care Home is registered with the Care Inspectorate to provide a service to 42 people in a purpose-built building in the Drumchapel area of Glasgow. The provider is Holmes Care Group Scotland Ltd. At the time of this inspection Almond Court Care Home had 42 residents.

The home is situated in a residential area close to transport links and local amenities. There is a small car park to the front of the building and gardens to the rear with additional outdoor seating to the front.

The service is provided over two levels and offers single bedroom accommodation, each with ensuite facilities. There is a communal lounge and dining room on each floor. A sensory room has been created on the first floor and there is a hair salon on the ground floor. A small café is located within the reception area for use of residents and their visitors.

About the inspection

This was an unannounced inspection which took place on 25, 25, 27 June and 1 July 2025 between the hours of 7.30am and 8.30pm. 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:

- spent time either in the company of or speaking with all of the people using the service and 14 of their relatives
- spoke with 17 staff and management, this included activity, catering, housekeeping and maintenance staff
- observed practice and daily life
- reviewed documents
- spoke with five visiting professionals.

Key messages

- People experience positive health and wellbeing outcomes supported by staff who are kind, caring and committed.
- People's health needs are well managed.
- Activities provided contribute positively to people's wellbeing.
- Standards of care and improvements in the home are supported by effective quality assurance and governance systems and management oversight.
- Further assessment by management is needed to help identify and address any staffing resource concerns.
- The quality of information in some personal plans could be improved further.

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?	4 - Good
How good is our setting?	4 - Good
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

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

We carried out an unannounced early morning visit on the first day of this inspection and were pleased to see that few people were up and dressed. This reassured us that staff were working in a person centred way with people were being supported to get up at their own pace.

People should expect to receive high quality care and support that is right for them. During this inspection we observed that staff were attentive and sensitive to people's needs and people responded well to staff whose interactions with them were warm and caring. People were well presented during the days of our visit to the service, promoting their dignity and relatives we spoke with concurred that this was their experience when visiting. 'Always clean, well turned out and well looked after' and 'Can't fault the quality of care' were comments made by relatives.

How people spend their day can have an impact on their wellbeing. We saw from a monthly planner that there were activities on offer and an activity worker provided us with information about some of the activities that had taken place. We saw pictorial evidence of events both out with and within the home, including birthdays, entertainers and people clearly enjoying seeing the lama's that visited the home, this included people who are supported in bed.

Some people enjoyed engaging in their local community while others looked forward to visiting the café of the nearby sister home. Records indicated that people less able to engage in group activities enjoyed one to one time with both activity and care staff. Care staff however told us that they had limited time to spend with residents out with care tasks due to the demands on their time. We discussed this with the manager. **(See information in the section 'How good is our staff team').**

We saw that work had taken place to identify the type of activity that people would be able to engage in, consistent with their cognitive and functional ability. This information was being used to provide activities to best meet people's needs and activities were being evaluated to determine the quality of people's engagement.

We observed the mealtime experience in both units during the inspection and provided feedback on areas where we thought improvements could be made. This included ensuring that plated meals are used as show plates to help people make choices at mealtimes and improving the presentation of textured meals.

We thought that the dinning room on the ground floor could be better used as there are many benefits from people eating together such as increased social contact and better nutritional intake. We appreciate that this may not be everyone's preference, with many people preferring to eat in the rooms. We explored the potential to use other communal areas to create more of a meal experience to offer people a different outlook and encourage movement.

We had no concerns about people's food and fluid intake during this inspection, with some people identified as at risk of malnutrition being monitored and meals being fortified to increase their calorific value. Where people had not met their fluid intake targets this was highlighted at the daily handover meeting. People had access to snacks and drinks out with mealtimes.

An audit by the quality team had identified some improvements needed in relation to weight, mealtime and nutrition. In response to this the manager had created an action plan to address the issues noted. This included themed supervision and one to one meetings with staff to support the improvements needed.

Daily flash meetings provided an opportunity for discussion about any health concerns noted and to identify any actions needed to respond to these including onward referrals to health partners. The home benefitted from the support provided by external health professionals including the care home liaison nurse, CPN, dietician and visiting GP.

We saw that wounds were being well management. Wound plans sampled were clear and easy to follow and photographs were taken at each dressing change to illustrate the progress of healing. There were very few people with wounds and some people with wounds had acquired these from a stay in hospital or prior to admission.

Whilst medication was well managed, a vulnerability had been identified in relation to medication that is prescribed to be taken 'as required'. Additional measures had been put in place to address this whilst a sustainable solution was being sought.

People who were prescribed 'as required' medication had a protocol in place indicating when this should be given. The manager had reviewed the use of 'as required' medication prescribed for people who experience stress and distress. There had subsequently been a reduction in the use of this medication and more of a focus on completing ABC charts to help identify triggers and effective reduction strategies. This meant that medication was not being used as the first intervention for people who experience stress and distress.

How good is our leadership?

4 - Good

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

People should benefit from a culture of continuous improvement, with the organisation supporting them having robust and transparent quality assurance processes. We reviewed the quality assurance and governance systems used by the service and found that overall these were effective in helping to monitor and maintain expected standards of care and drive improvements.

The service improvement plan was an effective working document illustrating improvement priorities. We saw that actions required from improvements identified were being completed.

Audits were being completed on a rotational basis and included audits of medication, mealtimes and care plans. Where these identified that improvements were needed there was an associated action plan. We suggested that these could be more specific in regards to indicating when actions should be completed as this will allow for an assessment of progress and promote accountability.

The manager concurred that where there was a discrepancy of scores from one audit to the next, for instance where an audit had been scored at 100% and then a far lower score at the next audit, the latter completed by the manager, this highlighted a staff development need. This meant that it was difficult to assess the effectiveness of some audits, with potential improvement opportunities missed. The home benefitted from input from the quality team. Their objective overview further enhanced quality assurance at the service with their audits indicating improvement areas.

The manager who was still relatively new in post hadn't yet had an opportunity to complete the providers self assessment tool. We were informed that this is aligned the quality framework developed by the Care Inspectorate. This framework helps providers to evidence the difference care is making to people and the quality and effectiveness of the things that contribute to those differences.

Daily flash meetings provided an opportunity for all departments to highlight areas for improvement and contributed to effective management oversight. 'Resident of the day' provided an opportunity to focus on individual residents and ensure that all their paperwork was up to date and reflective of their current needs.

Medication was also checked as part of 'resident of the day' and this helped enhance other medication management systems. This meant that there was an additional assurance system for identifying discrepancies in medication that were not being picked up by other monitoring systems. At the time of this inspection a medication discrepancy had been identified through the 'resident of the day' system and was being investigated.

We sampled meeting minutes and saw that the recent relatives meeting had been productive. It was evident that relatives were engaged in this process, providing suggestions for improvements. This meant where people were less able to verbalise their views about the support they received, the home benefitted from the valuable feedback and insights from people's representatives.

We found the manager to be receptive to our feedback during this inspection and able to provide all the information we required to support the inspection process. We concluded that quality assurance and governance had improved since the last inspection with the manager having better oversight of people's needs and clinical vulnerabilities and quality assurance systems effectively ensuring that expected standards of care were being met.

How good is our staff team?

4 - Good

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

Safe and high quality care and improved outcomes for people experiencing care requires the right people, in the right place, with the right skills, at the right time. To evaluate if this was the case at Almond Court we looked at the methods in place to determine staffing levels in the home.

The provider had developed their own dependency tool. This took account of people's needs in relation to activities of daily living and generated a score which equated to staff hours. In addition, this dependency tool also took into account the time needed to support people who experience stress and distress and time for meaningful activities and this was factored into the overall evaluation. This meant that the hours of support needed to meet people's needs also included time for social and emotional support.

Whilst this calculation would suggest that staffing levels were sufficient to meet people's assessed needs in relation to the resources available, it does not take account of people needing the same support at the same time. For the staff resource to be effective to meet the assessed needs of people in accordance with their dependency score, this is dependent on staff knowing people well and being competent in their role. This means that the additional demands on staff time when agency staff are used or where there are new staff on shift this needs to be taken into account. It is also important that where additional tasks are introduced that this is being considered and reflected in staff hours required.

An area for improvement we made at the last inspection in relation to staffing has not been met and will be repeated. **(See area for improvement 3 in the section 'Outstanding areas for improvement')**

It was encouraging that the manager was also reviewing other areas such as falls to identify if there were patterns and trends that would suggest that staffing levels needed to be reviewed.

Like many other homes, Almond Court had struggled to recruit nurses and there had been a reliance on agency and regular bank nurses. It was encouraging to hear that a nurse had been recruited to night shift and that two nurses were due to join the day team, this meant that the home would soon benefit from a full compliment of nursing staff supporting a more consistent approach.

A recurring theme from our conversations with staff was that they did not always feel that resources were sufficient to manage what was expected of them on a daily basis. We discussed this with the manager. And whilst we did not directly identify any negative impact on outcomes for people, we asked the manager to further explore this with staff to identify if their feedback about staffing levels was related to staff resources, leadership or other factors. We were pleased to hear that from our feedback the manager planned to host a clinic each week for staff to be able express their concerns about staffing.

During feedback it was suggested that a member from the quality team could work alongside staff to help identify the underlying cause of staff concerns in relation to resources. The manager agreed to this.

We saw that there were good opportunities for staff learning and development, helping staff to work confidently in their role. This included eLearning and training sessions facilitated by staff from Glasgow Health and Social Care Partnership.

We saw that the provider supported a staff recognition programme, with staff nominated as employee of the month by their peers. This contributed to staff feeling valued.

We discussed the use of one to one supervision in addition to themed supervision as this was not currently taking place. This is an important forum to support staff wellbeing, reflection on practice and identify development needs.

Relatives we spoke with during this inspection provided positive feedback about staff. 'Staff are all very good to him and happy we chose this place' and 'Staff are fantastic, couldn't fault, very friendly and accommodating' were comments made about staff by relatives.

Staff and relatives were also positive about the manager. 'Manager fantastic and approachable and caring towards mum' was a comment made by a relative.

How good is our setting?

4 - Good

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

The quality of the environment impacts on people's wellbeing and people should experience high quality facilities. During this inspection we spent time in both communal areas and visiting people in their bedrooms.

We found the home to be clean and welcoming. We spoke with housekeeping staff who described the use of cleaning solutions and related equipment including the use of disposable cloths. Water used to mop floors was being changed at appropriate intervals.

A small café in the reception area was available for people to enjoy visits from relatives and friends. In both units there was a dining room and lounge. Seating was available in the corridors and we saw people make use of this, appearing to enjoy watching what was going on and feeling more included.

A sensory room had been completed since the last inspection and provided a relaxing space for people to use for one to one support and small group activity.

People's bedroom size was of a good proportion with ensuite toilet and shower facilities promoting people's privacy and dignity. Bedrooms were pleasantly decorated with some people displaying photos and familiar objects whilst other people preferring to have less on display.

With consideration of the needs of people living with dementia, signage was displayed to help orientate people around the home. People's names were on their doors making it easier for them to locate their rooms. Corridors were wide and well lit and handrails helped people to mobilise more easily. Although the corridors had been recently painted, there was evidence of the impact of high use in areas with scuffs and chips to paintwork. The manager was exploring a more sustainable solution to reduce the need for regular redecorating and disruption to residents.

A communal bath was available in one of the units, with the others currently out of commission. This meant that some people would have to travel to another floor within the building if they wanted to have a bath. The manager should determine the impact of this on residents and whether this indicates that another bath requires to be brought back into commission to meet people's needs.

Whilst the home benefitted from outdoor space to the front, back and side of the building, this hadn't been well maintained and meant that people couldn't enjoy using the outdoor space as much as they should have been able to. 'They keep saying they'll sort it, you can see frustration from people on nice days' was a comment made about the garden by one relative.

The manager spoke about plans to improve the outdoor space with the creation of a safe enclosed garden and option to make the ground underfoot safer. We highlighted that there were no shaded areas and asked the manager to consider this in their improvement plans for the garden.

Having maintenance staff on site meant that repairs could be quickly dealt with. We viewed maintenance records and found that these were being completed and were up to date.

How well is our care and support planned?

4 - Good

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

People's personal plans should provide clear and up to date information to ensure that staff are able to support them in accordance with their wishes and preferences. We sampled several personal plans and found that whilst they contained sufficient information about people's needs and routines, some were more detailed than others.

It would be helpful if staff completing personal plans identified the relationship of one support area on another, for instance the importance of good nutrition and hydration on skin integrity. **(See area for improvement 1).**

Whilst quality assurance systems picked up on improvements needed in personal plans, we found one personal plan with incomplete sections. We asked the manager to update this as a priority. **(See area for improvement 1).**

It was disappointing to hear that the service had not yet moved to electronic personal planning, it had been anticipated that this would have happened earlier this year. The transition to this system would have afforded an opportunity to review the content of all personal plans and allow for making amendments without having to re write plans which is time consuming for staff. Electronic care plans can help to ensure that monitoring, such as food and fluid monitoring can be recorded close to this taking place. Management oversight is also improved with electronic records. At the time of the inspection there was not date for an electronic care planning system to be introduced.

Some review dates were outstanding and the manager was addressing this. It was evident from review minutes that relatives were involved in these discussion. And whilst review minutes could be more outcome focused, those sampled provided a helpful summary of the previous months activities across a number of areas for people.

We saw that generally future care plans had been completed, some indicated peoples wishes whilst others referred to family to make decisions for the person in respect of end of life care.

Getting to know me booklets provided an insight into people's lives beyond their care needs, including employment history, interests, hobbies and significant live events. This was valuable information that could be used to support conversations between staff and residents strengthening communication, social connections, and increasing self-esteem.

Stress and distress plans used to guide staff could be more detailed to include triggers that had already been identified through ABC charts. **(See area for improvement 1).**

Areas for improvement

1. The manager should ensure that information in all personal plans is up to date, detailed and reflects people needs, wishes and preferences.

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)

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 people's physical and mental wellbeing is maintained through ongoing assessment and monitoring, the manager should ensure that:

- a) Staff who are responsible for carrying out assessment of risk have the skill and knowledge to do so.
- b) There is a system in place to check staff competence and identify and address any development needs.
- c) Where on line applications are available to calculate risk such as the calculation of risk of malnutrition, these should be utilised to ensure a consistent approach.
- d) Managers regularly audit the information generated from risk monitoring tools to ensure that this accurately reflects an individuals needs.
- e) That handover records reflect the action required where fluid targets have been missed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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) and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 10 October 2024.

Action taken since then

The manager had continued to support staff development through one to one discussions, themed supervisions and workbooks to ensure that staff were confident and competent in their role.

Information provided by the care home liaison nurse in relation to the use of a tool to calculate an individual's risk of developing pressure ulcers had been shared with staff carrying out this assessment. Staff were asked to check clinical observations as part of 'resident of the day'.

The manager has been observing staff calculating MUST, this is a tool used to assess people's risk of malnutrition. An online APP which helps to accurately calculate MUST scores was not yet being fully used by staff however the manager acknowledged the benefit of this and planned to encourage staff to use this more consistently.

Staff handover's had improved with information about people fluid intake being passed on from one shift to the next.

This area for improvement has been met.

Previous area for improvement 2

The provider should continue to evaluate the effectiveness of quality assurance and governance arrangements and make improvements to these where required to ensure they effect improvements that promote positive outcomes for people experiencing care.

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) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 10 October 2024.

Action taken since then

The manager had continued to use the providers quality assurance tools to help maintain standards and drive improvements. All service led audits had been completed by the manager shortly after taking up post. This provided a baseline and identified improvements needed. An action plan was formulated from the audit findings.

Themed supervisions had been introduced to promote staff knowledge and competence. A new allocation sheet had been developed to promote staff accountability with tasks being allocated to staff at the start of the week.

The clinical risk register had been improved and contained up to date information providing an effective management overview of peoples needs and clinical vulnerabilities. The manager was using records of conversation to improve staff practice and promote staff accountability.

It was evident that the manager was using quality assurance tools effectively and introducing new quality assurance measures where necessary to support improvements.

This area for improvement has been met.

Previous area for improvement 3

The provider should consider other factors as part of their staffing method when assessing staffing levels. This should include, but not limited to, factors that impact on staff time and feedback from residents, staff and relatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak to me' (HSCS 3.16).

This area for improvement was made on 19 November 2024.

Action taken since then

We saw some evidence that in addition to the chosen dependency tool, the manager was considering other factors when calculating daily staffing needs. For instance, analysing when and where falls were occurring to assess if there was a need to review staffing levels at particular times.

The manager had not sought the views of staff as part of their method for assessing staffing levels and staff we spoke with indicated that staffing levels were at times insufficient. The manager agreed to explore this further with staff and planned to hold a weekly clinic for staff to discuss their concerns.

The manager also reviewed and removed an additional task that dayshift staff said was impacting on their time.

Whilst we acknowledge that some progress had been made in relation to this area for improvement we did not consider that this was sufficient to meet it. Therefore this area for improvement has not been met and will continue.

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
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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