Almond Court Care Home
Care Home Service

15 Drumchapel Place
Drumchapel
Glasgow
G15 6DN

Telephone: 01419 446 889

Type of inspection:
Unannounced

Completed on:
7 July 2026

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 was supporting 36 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 enclosed 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 over four days between 1 to 7 July 2026 between 07.15 and 18.15. 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 and spent time with nine people using the service and six of their relatives
- reviewed information in the seven questionnaires we received from relatives and 10 we received from staff
- spoke with 10 staff and the management team
- observed practice and daily life
- reviewed documents
- reviewed information we received in the two questionnaires from professionals.

Key messages

- An improvement notice with three required improvements was issued to the provider on 10 July 2026. Please see the service's page on our website for more information.
- The home is the subject of a large scale investigation (LSI) by Glasgow Health and Social Care Partnership due to concerns about the quality of care being delivered.
- Improvement was required to ensure that people's health needs were properly assessed, monitored and concerns escalated to reduce the risk of poor health outcomes.
- Management oversight required improvement to ensure risks were identified, monitored and addressed in a timely manner.
- A reliance on agency nurses, combined with insufficient management oversight, meant that clinical management processes were not always implemented effectively.
- The environment was not sufficiently clean presenting a potential risk to people's health and wellbeing.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

As the service is preforming at a weak level, we are concerned about the welfare, health and safety of people. We issued the service with an Improvement Notice connected to these concerns. For further details of this enforcement see the service's page on our website at www.careinspectorate.scot.

This inspection was undertaken at the same time that a large scale investigation (LSI) was being carried out by Glasgow Health and Social Care Partnership, prompted by concerns about the quality and safety of care being provided by the home. Our findings reflected these concerns and demonstrated the need for stronger leadership, more effective clinical oversight and robust quality assurance arrangements to improve and sustain positive outcomes for people living in the home.

We were not confident that people's health needs were being consistently assessed, monitored or escalated when concerns arose. This included the monitoring and management of pain. As a result, people may have experienced avoidable discomfort, delays in receiving appropriate treatment, with an increased risk that deterioration in their condition would not be identified or responded to promptly.

Robust risk management arrangements were required to ensure risks identified through assessment tools were acted upon and regularly reviewed. We found that identified risks did not always result in clear, individualised interventions within personal plans. This limited assurance that people were receiving proactive support to reduce the risk of deterioration and achieve good outcomes.

Clinical assessment tools used to measure risk were not always completed correctly, meaning staff may not have had an accurate understanding of people's level of risk, increasing the potential for unmet needs and avoidable harm. **(See requirement 1).**

Wounds were being managed with treatment plans in place; however, guidance regarding the use of barrier creams and pressure relieving equipment lacked sufficient clarity. As a result, we could not be confident that staff were consistently applying preventative measures, increasing the risk of skin deterioration and avoidable harm. **(See requirement 1).**

Falls prevention measures needed to improve. For example post-fall assessments were not being completed using recognised risk assessment tools, meaning opportunities to identify causes and implement effective preventative strategies may have been missed, increasing the risk of further falls and harm. **(See requirement 1).**

The clinical concerns outlined above are now the subject of an Improvement Notice which was issued on 10 July 2026.

We were not assured that personal care was being delivered consistently in line with people's needs. We identified that people were not always receiving appropriate support with oral care, and care records did not consistently reflect people's actual experiences. **(See requirement 1).**

Requirements

1. By 20 November 2026, the provider must demonstrate that improvements implemented to reduce the risk of avoidable harm are embedded within practice and sustained to support safe, effective care and positive outcomes for people experiencing care.

To do this, the provider must, as a minimum:

a) Monitor and evaluate staff practice to ensure improvements are consistently implemented and lead to better outcomes for people.
b) Maintain effective clinical governance to ensure that people's safety, wellbeing and quality of life are continuously monitored, evaluated and improved.

This is 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 that care and support is consistent with the Health and Social Care Standards which state that: Any treatment or intervention that I experience is safe and effective". (HSCS 1.24)

How good is our leadership? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

As the service is preforming at a weak level, we are concerned about the welfare. health and safety of people. We issued the service with an Improvement Notice connected to these concerns. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

There had been significant input and ongoing support from Glasgow Health and Social Care Partnership (HSCP) to support improvement at the home. It was therefor concerning that recent visits from Glasgow (HSCP) staff and our own observations continued to pick up on clinical concerns that should have been identified and managed through the home's own quality assurance and monitoring systems. This indicated that quality assurance and improvement activities and management oversight had not been sufficiently effective in identifying, addressing and sustaining required changes, limiting assurance that people were consistently receiving safe, high-quality care. **(See requirement 1.)**

While quality assurance and monitoring systems had the potential to support improvement, they were not operating effectively in practice. Daily handovers and flash meetings lacked sufficient discussion of high-risk individuals, clinical priorities and outstanding actions. Clinical concerns were not consistently identified, monitored or acted upon. **(See requirement 1.)**

Where audits had identified areas requiring improvement, we were not assured that timely and effective action had been taken. There was limited evidence that identified actions had been completed, embedded into practice or sustained over time. **(See requirement 1.)**

The weaknesses in management oversight coupled with management systems not providing sufficient assurance that risks to people's health, safety and wellbeing were being effectively identified and managed is now subject to an Improvement Notice which was issued on 10th July 2026.

Opportunities to gather and act upon feedback from relatives were also limited. Relatives' meetings took place infrequently, restricting opportunities for relatives to share experiences, influence service development and remain informed about significant events and changes within the home. One relative told us, "there has been a lack of communication, no regular family information sessions and not being kept up to date with the LSI."

As a result, we could not be assured that the provider was consistently seeking, listening to and responding to the views and experiences of relatives to support meaningful and sustained improvement.

Requirements

1. By 20 November 2026 the provider must ensure that management oversight and governance arrangements sustain improvements that support safe and effective care and positive outcomes for people.

To do this, the provider must, at a minimum:

a) ensure there is robust senior management oversight to support effective monitoring, quality assurance and service improvement.
b) ensure governance systems provide ongoing assurance that care and support continues to be delivered in accordance with people's assessed needs, preferences and rights.
c) ensure learning from audits, incidents, complaints and feedback is embedded into practice to drive continuous improvement and prevent the recurrence of concerns.

This is 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 that 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 processes." (HSCS 4.19)

How good is our staff team? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

As the service is preforming at a weak level, we are concerned about the welfare. health and safety of people. We issued the service with an Improvement Notice connected to these concerns. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

The deployment of additional staff meant the nurse on duty had more time to respond to clinical concerns, maintain oversight of people's health needs and guide staff. However, at the time of this inspection there were no permanent nurses on day duty and the service remained reliant on agency nurses. This meant there was a risk of inconsistency in clinical leadership, assessment and monitoring, as agency staff were not always familiar with people's needs, preferences and risks. As a result, opportunities to identify, escalate and respond to changes in people's health may have been missed, impacting outcomes for people.

We were not assured that staff had sufficient knowledge and confidence in relation to the use of clinical assessment tools used to monitor risks, meaning risks may not always have been accurately identified, monitored or managed. And failure to complete monitoring tools accurately meant that the level of risk recorded was often incorrect and preventative measures may not have been commenced And where risk was identified this did not always translate into timely interventions.

In addition We were not confident that staff understood when and how to escalate concerns where risks had been identified. These concerns are now the subject of an Improvement Notice which was issued on 10 July 2026.

Despite targeted training opportunities being made available by Glasgow Health and Social Care Partnership, staff uptake had been limited. This reduced the effectiveness of improvement activity and meant we could not be assured that staff had the knowledge, competence and confidence to consistently respond appropriately to people's needs.

How good is our setting? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

As the service is preforming at a weak level, we are concerned about the welfare. health and safety of people. We issued the service with an Improvement Notice connected to these concerns. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

We were concerned about the cleanliness of the home. During the inspection, we identified a number of areas and items of equipment throughout the home that required attention. This increased the risk of infection transmission, detracted from the quality of people's living environment and indicated that systems for monitoring and maintaining cleanliness were not operating effectively. These concerns were consistent with feedback received from relatives who commented on a deterioration in the cleanliness of the home. Relatives told us "I feel that cleaning standards have slipped" and "mums room is quite dirty; her chair has not been cleaned for months and is all stained". **(See requirement 1.)**

We were not assured that there was an effective management monitoring system in place to provide assurance that cleaning standards were being maintained consistently. As a result, issues relating to cleanliness had not been identified and addressed in a timely manner, impacting on the quality of people's environment and overall experience of care. The manager and senior management were responsive to our findings and implemented enhanced cleaning measures during the inspection. **(See requirement 1.)**

There was limited improvement to the environment within the upstairs unit, where the quality of the surroundings remained noticeably poorer than on the ground floor. Worn décor, damaged equipment and increased noise levels detracted from the overall living environment. This reduced assurance that people living with cognitive decline were being supported in a comfortable, well-maintained and dementia friendly setting that promoted their wellbeing.

We noted that there was only one functioning bathroom in the home, which may have limited people's access to bathing facilities and reduced opportunities for people to exercise choice and control over their personal care routines. The one bathroom in use lacked a welcoming and therapeutic environment to promote a positive bathing experience for people.

Whilst we noted some improvement to the entrance area, improvements to the enclosed garden remained a work in progress. Although plans were in place to further develop the space, it was not yet being used to its full potential to support people's wellbeing, meaningful activity and access to the outdoors. "I'd like the garden to be available to utilise for residents, some tables and chairs etc, dad loves being outdoors" and "a good place to sit outside on a nice day" were comments made by relatives when asked what could improve the service.

Requirements

1. By 20 November 2026 the provider must ensure that the home is maintained to a high standard of cleanliness to ensure people live in a safe, clean and hygienic environment that promotes their health, wellbeing and dignity.

To do this, the provider must at, a minimum:

a) Ensure effective cleaning schedules are in place and consistently followed.
b) Ensure all equipment is clean, fit for purpose and maintained in a safe condition.
c) Implement effective quality assurance and auditing systems to monitor standards of cleanliness and hygiene.
d) Take prompt action where concerns are identified and evaluate the effectiveness of improvements made.
e) Ensure staff receive appropriate training, guidance and supervision in relation to infection prevention and control and environmental cleanliness.

This is 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.24)

How well is our care and support planned? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Whilst personal plans provided some detail about people's routines and preferences, they did not consistently reflect people's assessed needs, risks or the support required to achieve positive outcomes.

Some personal plans contained conflicting information, were poorly evaluated and were not consistently updated, which reduced confidence in the effectiveness of care plan audits and the 'resident of the day' process. **(See requirement 1.)**

Identified risks had not always been translated into clear interventions to guide staff practice. As a result, there was limited assurance that care was being delivered consistently or that personal plans were effectively supporting people's health, wellbeing and quality of life. **(See requirement 1.)**

Personal plans did not always demonstrate how different needs, risks and interventions were linked, reducing assurance that care was being planned and delivered in a coordinated way to achieve positive outcomes for people experiencing care. **(See requirement 1.)**

The use of restrictive practices such are bed rails and door gates was not always supported by robust assessment, a clear rationale or appropriate multidisciplinary involvement. As a result, we could not be assured that restrictions were necessary, proportionate, regularly reviewed or implemented in a manner that fully upheld people's rights, choice and independence. While the home began to address these concerns during the inspection, this is now the subject of an Improvement Notice which was issued on 10 July 2026.

Requirements

1. By 20 November 2026, the provider must ensure that personal plans are informed by effective assessment of needs and risks to promote positive outcomes and reduce the risk of avoidable harm.

To do this, the provider must, at a minimum:

a) ensure personal plans clearly link needs, risks and interventions to support coordinated care and positive outcomes for people experiencing care.
b) ensure personal plans are accurate, comprehensive and effectively reviewed, providing staff with the up to date information they need to deliver safe, effective and person-centred care.
c) ensure personal plans reflect people's needs and wishes to support person centred care.

This is 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 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

The provider should improve environmental checks to strengthen infection prevention and control management.

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 19 March 2026.

Action taken since then

We identified concerns regarding the cleanliness of equipment and the environment that had not been recognised or addressed through existing monitoring processes. This reduced assurance that management oversight and quality assurance systems were effective in responding to risks and driving sustained improvements in practice.

This area for improvement has not been met and has been incorporated into a new requirement under the section "How good is our setting".

Previous area for improvement 2

The provider should carry out the necessary work to create safe, enclosed outdoor space for the benefit of people living in the service and their visitors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high-quality care and support. (HSCS 5.1)

This area for improvement was made on 19 March 2026.

Action taken since then

Plans were in place and work was progressing to improve the garden area, including support from a local charity and the planned introduction of raised planters and new garden furniture. These developments demonstrated a commitment to enhancing the outdoor environment and had the potential to increase opportunities for wellbeing, social engagement and meaningful activity.

While further attention was needed to ensure the space was consistently maintained and promoted for use, the improvements planned and underway provided a foundation for people to benefit more fully from the garden in the future. As there was limited evidence of people benefiting from it at the time of the inspection this area for improvement will continue.

This area for improvement has not been met and will continue.

Previous area for improvement 3

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)

This area for improvement was made on 1 July 2025.

Action taken since then

Care plans were not consistently up-to-date or reflective of people's current needs. As a result, we were not assured that staff had clear guidance to provide consistent, person-centred care that reflected people's needs, preferences and rights. In addition quality assurance processes designed to ensure that plans contained accurate current information were not effective.

This area for improvement has not been met and has been incorporated into a new requirement under the section "How well is our care and support planned".

Previous area for improvement 4

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 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 were not confident that staff had the necessary skills to meet the needs of the people they were supporting. For instance, the home had for a period of time continued to use agency staff who did not have the necessary clinical skills to meet people's specific needs.

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.scot.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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