

# Glencairn House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
20 June 2024

**Service provided by:**  
Mailler & Whitelaw Trust

**Service provider number:**  
SP2005007541

**Service no:**  
CS2003009754

## About the service

Glencairn House care home is a large Victorian house that has been adapted and modernised to meet the needs of residents. It is registered to provide permanent and respite care for up to 28 older people and is owned by the Mailler and Whitelaw Trust, a local voluntary organisation and operated by volunteer trustees. Accommodation is provided over two floors; all bedrooms are ensuite and rooms on the first floor are accessible by both stairs and a lift.

Glencairn House is situated close to the centre of the Perthshire town of Auchterarder and is set within three acres of private grounds. There is easy access from the A9 and public transport links in the direction of both Perth and Stirling. There are a range of local amenities, shops and cafes within walking distance.

## About the inspection

This was an unannounced inspection which took place on 19 and 20 June 2024. 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 six people using the service and three of their family members
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

**Key messages**

- People living in the care home were happy and settled.
- We observed kind, caring interactions between people living in the home and staff.
- The quality of care planning had improved.
- Improvements in the quality assurance processes had taken place.

**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.

There was a relaxed, pleasant atmosphere within the home. We saw many kind, caring and respectful interactions between staff and people experiencing care. People told us that they enjoyed good relationships with staff who they found both supportive and approachable. Comments included; "I feel very confident about the care they are giving mum, it is like a gift" and "everything is spot on, the staff are good".

People should expect their health to benefit from the care and support they receive. The home had good links with external health professionals. We could see appropriate referrals to a range of health professionals including the community mental health team, GP and dietitian. This meant that people could be confident that they received the right care at the right time.

People's medication was managed safely. The service had made changes to improve the oversight and governance of medication processes within the service. The service had revised their medication training programme to ensure this met staff learning needs. People could be confident that they were supported safely with their medication needs.

People were observed enjoying their meals in the main dining areas together in a relaxed, unhurried manner. People could also choose to have their meals in their own room if they wished. People spoke positively about the food. We were told "the food is very good here" and "the food is lovely, and you always get plenty to eat". People benefitted from a range of different food choices. Where people did not like the meal on offer, they were able to choose something else. The food looked and smelt appetising. The kitchen staff knew people's likes and dislikes and made further efforts to ensure the presentation of all meals including special diets was visually appealing. This meant that people were experiencing a positive mealtime experience.

## How good is our leadership?

4 - Good

People should expect to benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes in place.

The manager had a suite of quality assurance tools. Since the previous inspection the manager now routinely audits a range of areas including analysis of accidents and incidents, staff training needs, medication and reviewing care plans. This helped staff to identify trends and take prompt action to prevent reoccurrence.

Regular staff meetings routinely take place in the home with all departments represented. This meant that communication was effective within the service.

Safe systems were in place to safeguard people's finances.

All staff spoken to were complimentary about the management team and advised that they found them supportive and approachable. Relatives told us that they felt comfortable and confident giving feedback or raising concerns because they knew that the management team welcomed this and were willing to work in partnership.

The manager demonstrated a good understanding about what was working and what improvements were needed. There was a commitment to development and improvement, taking feedback from the inspection forward, and ensuring that people receive a high standard of care.

### 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.

People using the service told us that staff were kind and caring and that they were very happy with their care. We observed staff's interactions with people to be warm, friendly and calm. We heard from relatives how they felt welcomed by the staff and management team when they visited. Relatives spoke positively about the care their family members received. One relative told us "the staff are good" whilst another commented "I am always impressed by the way staff care for my relative". One family member stated the service was "person-centred, very warm and all about the people living in the home". People benefitted from staff who were kind and compassionate and they could be assured that their care and support was the focus of staff's attention.

Staff told us they enjoyed their jobs and demonstrated that they understood their roles and responsibilities. One member of staff told us "it is lovely working here" and another commented "we have a lovely team; everyone tries to work together to help each other." Staff felt supported by their peers and managers. Staff worked well together as a team and effectively communicated with each other. We heard from staff that they could summon additional assistance whenever required and that this would be responded to and that on occasions, the management team would also assist with caring duties. All staff we spoke to were focussed on improving outcomes for the people they supported. People received good quality and responsive care because there was effective communication, good working relationships and a flexible staff team.

The service used continuous professional judgement to determine the correct numbers of staff and skills mix required to support people and they deployed additional staffing when required. This assessment method allowed the service to respond to unforeseen changes in people's needs or circumstances. We discussed with the management team that decisions relating to appropriate staffing arrangements should be recorded transparently and then shared with people using the service and staff. We suggested that the service may benefit from using a robust dependency assessment tool in conjunction with professional judgement in the future to determine appropriate staffing arrangements and they have agreed to explore this further. The service demonstrated they had sufficient staffing levels with the right mix of skills, and this meant people could be confident that they would be safely supported by staff who were competent and who had a good knowledge of their needs.

We read through several staff files which illustrated that safe staffing measures were in place. The recruitment packs had a structured and methodical checklist which included ensuring that a PVG (Protection of Vulnerable Groups check) was in place, two references had been received. The manager was aware of ensuring that all Home Office requirements were met, when necessary.

## How good is our setting?

4 - Good

We assessed that the care home setting offered good quality to people living in the service. While there were some areas of improvement, there were a number of strengths which had a positive impact on people's experiences and outcomes.

People benefitted from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment was relaxed, clean, tidy and well looked after, with no evidence of intrusive noise or smells.

People could access a lovely private garden/patio area, which we were told was very well used in the better weather.

People told us they were able to personalise their bedrooms with photographs and items from home to help them make their own space. We saw this to be the case, as bedrooms were individual to each person.

People had the correct mobility aids to enable them to mobilise as independently as possible and there was enough signage to help people find their way around without help.

Corridors and circulation areas were clear of hazards and a record of accidents and incidents was maintained. These measures helped to ensure people were safe and comfortable living in the care home. Examination of records, observation and discussion with staff and people who use the service verified that routine maintenance and repairs were carried out promptly.

We found that the service upheld good standards of infection prevention and control. Spot checks indicated that bedrooms and communal areas were both very clean and high traffic areas such as door handles and rails were cleaned regularly. This meant that any chain of infection could be broken at the earliest opportunity and people were kept safe.

## 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.

Everyone had a personal plan in place which contained a good level of guidance around the care and support that people required. Care plans were informed by a range of health assessments that were regularly evaluated and updated. Risk assessments were completed to help staff assess risks and potential harm. These were person-centred and helped to ensure that people's independence was encouraged and supported where safe to do so.

Copies of legal documents were held within people's care plans such as power of attorney and guardianships. Where appropriate, adults with incapacity (AWI) certificates were also in place.

People should benefit from personal plans that are regularly reviewed, evaluated and updated, involving the person, their family if appropriate and relevant professionals. We saw an improvement in the frequency of formal review meetings. Plans were reviewed in a meaningful way which involved people receiving care and their representatives. The manager had a plan in place to ensure care plans were monitored and reviewed regularly, or as required in consultation with people and their representatives. This meant people could be confident that their care met their needs.

Whilst we saw improvement within people's personal plans, we discussed with the manager the need for staff to continue to develop plans to take account of people's needs, abilities, wishes and preferences.

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

### Requirements

#### Requirement 1

By 2 October 2023, the service provider must ensure people have their medication administered in a safe way, in order to maintain their health and wellbeing:

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

- a) review medication practice
- b) ensure staff have the appropriate knowledge, guidance and training for administering medication and for completing medication administration records accurately
- c) implement a robust system to oversee and audit medication practice.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations for Care 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 care and support meets my needs and is right for me' (HSCS 1.19) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 23 August 2023.**

#### Action taken on previous requirement

Since the previous inspection medication competencies, observations of practice and training has been carried out with staff. MAR audits were being completed routinely, this includes stock balances to ensure adequate stocks are available.

**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

The provider must ensure that effective quality assurance and audit processes are completed regularly. Where areas of concern or deficits are identified, there must be a clear action plan, with evidence available to demonstrate progress made and the outcomes achieved.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I use a service and organisation that are well led and managed.' (HCSC 4.23)

**This area for improvement was made on 23 August 2023.**

#### Action taken since then

The manager has a comprehensive suite of quality assurance audits in place. This system covers all aspects of service delivery including infection prevention and control, medication, clinical governance and care practice. Since the previous inspection action plans were seen to have been developed with timescales in place for any identified deficits to be addressed by.

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?	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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