

# Glencairn House Care Home Service

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Auchterarder  
PH3 1AD

Telephone: 01764 662 568

**Type of inspection:**  
Unannounced

**Completed on:**  
6 March 2025

**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 a follow up unannounced inspection which took place on 4 March 2025. 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.

This report should be read in conjunction with the previous reports dated 20 June 2024 and 19 November 2024.

In making our evaluations of the service we:

- spoke informally with several people using the service
- spoke with three staff and management
- observed practice and daily life
- reviewed documents.

**Key messages**

- Medication management had improved.
- The quality of information in care plans and risk assessment documents needed to improve.
- Quality assurance systems were not being used effectively to provide oversight of the service.

**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

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

This inspection focussed on improvements required from the inspection on 19 November 2024. We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

Due to concerns identified during the inspection, this quality indicator has been re-evaluated to weak. Please see the section 'what the service has done to meet any requirements we made at or since the last inspection' for more information.

## How good is our leadership?

2 - Weak

This inspection focussed on improvements required from the inspection on 19 November 2024. We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

Due to concerns identified during the inspection, this quality indicator has been re-evaluated to weak. Please see the section 'what the service has done to meet any requirements we made at or since the last inspection' for more information.

## Requirements

1. By 12 February 2025, extended to 3 June 2025, you must ensure that service users experience a service which is well led and managed and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes. This must include but is not limited to ensuring that:

- a) there is a quality assurance system in place to support a culture of continuous improvement
- b) effective action planning takes place within reasonable timescales which addresses identified areas for improvement
- c) the quality assurance systems and processes in relation to care planning and risk assessments are further enhanced. To do this, the provider must ensure that senior management clearly identify areas for improvement, take prompt action to address indications of poor care provision, and ensure improvements are sustained.

This is in order to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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

### Requirements

#### Requirement 1

By 14 February 2025, the provider must ensure that everyone has the necessary care plans and assessments in place to help inform how their care and support needs are met. These must be monitored, reviewed and updated timeously.

This is to comply with Regulation 4(1)(a) (welfare of service users) 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).

**This requirement was made on 19 November 2024.**

#### Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because we found a lack of sufficient information to guide staff on how best to support people.

Further work was needed to improve care plans.

We saw that some work has been carried out to review the care plans; however, this had not been completed for everyone living in the service.

We sampled some care plans and found that they lacked the level of detail we would expect. Care plans required a good level of detail, as it was often agency staff who were less familiar with people, attending to their needs.

Most care plan evaluations were not meaningful and did not make it clear whether the current care being provided was meeting people's assessed needs. For example, whether people's wound management was effective. Overall, care plans needed to be more outcome focussed and take into account people's needs, wishes and choices.

The service had a 'resident of the day' system in place to review care plans monthly. This meant that senior staff should have ensured information was up-to-date and accurate. We found that the system had been impacted by staffing capacity, knowledge and skills. This meant updates were not made routinely and changing needs were not always reflected in people's care plans. People were at risk of changes in their health not being identified by the service, properly tracked and referred to relevant health professionals appropriately.

Improved evaluation of people's care would lead to more responsive and timely action, helping people to get the right care at the right time.

This requirement has not been met and an extension to the timescale has been agreed to 3 June 2025.

**Not met**

## Requirement 2

By 14 February 2025, the provider must make proper provision for the health, welfare, and safety of people using the service. In particular, the provider must:

- a) ensure appropriately evidenced based fall risk assessment tools and care plans are used to ensure an accurate assessment of the risk of an individual falling
- b) ensure the fall prevention care plan clearly details the measures required to keep the individual safe
- c) ensure post fall assessments and reviews take place at least monthly, following a fall, the prescription of a new medication, and/or a change in the individual's condition.

This is in order 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 care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1:13).

**This requirement was made on 19 November 2024.**

### Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because we found a lack of sufficient information to guide staff on how best to support people. In particular, this related to post falls management.

Everyone living within the service had an up-to-date multifactorial falls risk assessment, irrespective of their level of falls risk.

We saw that care plans were not always followed as directed, for example overnight checks were not completed at the required intervals. We saw that gaps of as much as four hours had passed between observation checks for someone who should have more frequent checks to ensure there was no deterioration in their wellbeing following a head injury. The service failed to consistently monitor and evaluate people's needs.

We concluded that further improvements were required in staff's understanding of good record keeping in relation to post falls management.

This requirement has not been met and an extension to the timescale has been agreed to 3 June 2025.

**Not met**

### Requirement 3

By 6 December 2024, 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 19 November 2024.**

#### Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because we found a number of missing entries in the medication administration records.

We sampled medication records and found that improvements had been made. Recording was accurate and reflective of people's medication prescription. Controlled drugs were checked and audited at each handover.

People could be assured that their medication was being managed safely and administered as prescribed.

We could see from the evidence that the service had taken action to address this requirement, and we therefore assessed it as 'met' in full.

#### Met - within timescales

### Requirement 4

By 12 February 2025, you must ensure that service users experience a service which is well led and managed and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes. This must include but is not limited to ensuring that:

- a) there is a quality assurance system in place to support a culture of continuous improvement
- b) effective action planning takes place within reasonable timescales which addresses identified areas for improvement
- c) ensure the quality assurance systems and processes in relation to medication management, care planning and risk assessments are further enhanced. To do this, the provider must ensure that senior management clearly identify areas for improvement, take prompt action to address indications of poor care provision, and ensure improvements are sustained.

This is in order to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 19 November 2024.**

### Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because there were insufficient quality assurance systems in place to support a culture of continuous improvement.

At the time of inspection, the service had introduced several quality assurance systems. We examined medication audits, accident and incident audits and mealtime experience audits; we could see these were not always routinely being carried out. From the sample we examined, there was no analysis of the findings and no action plans developed to address any areas for improvement. This meant the manager did not have a meaningful oversight of what was happening in the service.

The service had addressed the requirement regarding medication management (see requirement 3); therefore, this element of the requirement has been met. However, as detailed under requirements 1 and 2, we continued to identify that the quality of care planning and falls risk assessments was insufficient to ensure the safety and wellbeing of people living in the service was being addressed.

The management team acknowledged that improvements were needed to ensure that quality assurance processes informed favourable change. Based on the concerns that we identified in the inspection, we are not yet satisfied that robust processes are in place to effectively assess the service's performance.

This requirement has not been met and an extension to the timescale has been agreed to 3 June 2025.

**Not 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?	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

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