

Blanefield Care Home Care Home Service

105 Glasgow Road
Blanefield
Glasgow
G63 9AL

Telephone: 01360 771 011

Type of inspection:
Unannounced

Completed on:
12 August 2025

Service provided by:
Blanefield Care Limited

Service provider number:
SP2011011677

Service no:
CS2011300477

About the service

Blanefield House Care Home is registered to provide a care service for a maximum of 39 older people, some of whom may have dementia. This includes a maximum of five respite places. At the time of this inspection 34 people were staying in the home.

The home is a traditional building on the outskirts of the village of Blanefield. The home is spread over two floors, with lift access to the upper floor. All rooms have en-suite toilet and shower facilities.

The home has its own manager, nursing staff on site 24 hours a day, senior carers, and a team of care staff. Other staff include activity coordinators and care hosts, who provide assistance to people at meal times.

The home registered with the Care Inspectorate on 01 November 2011.

About the inspection

This was an unannounced inspection which took place on 06, 07, 11 and 12 August 2025. The inspection was carried out by an inspector 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:

- Received questionnaire feedback from 12 people living in the home and/or their relatives; eight members of staff, and one visiting professional.
- Spoke informally with people living in the home and two relatives.
- Spoke with staff from a variety of roles.
- Observed practice and daily life at various times of the day.
- Looked at a variety of documents and recordings including care plans; medication records; health information; maintenance records, and quality assurance records.

Key messages

- We observed kind and caring interactions between staff and people living in the home.
- People experienced good support with their health needs.
- Opportunities to discuss people's clinical needs could be enhanced.
- Care planning was good.
- Staffing levels were generally good but could be enhanced at meal times.
- Procedures for people arriving for respite stays could be improved.
- The home would benefit from an on-going environmental improvement plan.

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 made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes. However, improvements were required to maximise wellbeing and ensure that people consistently had experiences and outcomes which were as positive as possible.

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

People benefitted from high quality nursing and care staff. Staff we spoke with were knowledgeable about people's current health needs along with any care and treatment plans that were in place. Staff responded promptly to any personal care needs people had. Staff took time to offer people assistance to ensure they were well dressed. Interactions between staff and people living in the home were warm and respectful. Feedback from people and their representatives was good. Some comments included:

"Since my [family member] moved in, they have put on weight and look well."

"I have excellent communication with staff. They are helpful and easy to speak to."

"The staff are lovely and can't do enough for me."

"The staff always carry out their work in a professional manner."

Nursing staff demonstrated good knowledge of key areas including wound care, nutrition, and falls. Although the care and treatment people experienced was good, we evaluated that it would be further enhanced by nursing staff having more opportunities to discuss clinical needs in the home. This would support learning from adverse events, clearer treatment plans, and help ensure accompanying documentation was completed to required standards. We made an area for improvement about this.

(See area for improvement 1)

People benefited from having access to multi-disciplinary health support. The service had well established relationships with a variety of health professionals. Staff were supporting people to attend hospital appointments during our inspection. Leaders had sourced training and guidance around supporting good oral health care since our last inspection. We were confident that any health concerns were escalated quickly to ensure people received the right care and support at the right time.

Medication recording in the home was good, including topical medications that are applied to the skin. There was sufficient information around the use of "as required" medications which ensured people received the right treatment at the right time. People's legal status was well captured, and there were appropriate consents in place where medication had to be given covertly. These measures contributed to good health outcomes for people.

The provider had recently recruited a new chef. The quality and choice of meals in the home was good. Many people living in the home commented positively on the quality of the food. Some people required their food to be a specific consistency and texture due to their health needs. The chef had not yet completed training in this area. Safeguards were in place, which included other kitchen staff being trained. The provider was in the process of arranging training for the new chef. We advised that this must be completed urgently.

Areas for improvement

1. To ensure opportunities to discuss clinical needs in the home are maximised, the provider should hold planned and regular meetings with clinical staff in the home.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

And

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

How good is our leadership?

4 - Good

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement.

Quality Indicator 2.2 Quality assurance and improvement is led well

The general standard of care in the home had improved since our last inspection. Staff we spoke with felt team work had improved as staff had become more established in their roles. Staff we spoke with generally felt well supported by leaders in the home. Some comments from staff included:

"We are very good at building relationships with our residents and their families."

"We create a warm, safe and homely environment for people and their visitors."

"Communication has really improved - I hope this continues."

The home manager was carrying out the majority of auditing and quality assurance activities. Time pressures had contributed to these not always being done within set timescales. Those activities that had been carried out were done to a good standard. They evidenced what was working well in the home and areas that required improvement. Standards in the areas we reported on at our last inspection had continued to improve, which demonstrated that improvement had been led well. We advised the manager to delegate some quality assurance activities to key staff in the home. Plans were already in place to do so. We will check progress at our next inspection.

Staff we spoke with were invested in supporting improvement in the home and took pride in their work. They were continually evaluating people's experiences on a day to day basis and through regular reviews. The provider was using an overall service improvement plan. We evaluated this would be enhanced by ensuring they had a participation strategy to capture feedback from people and their representatives. We will check progress at our next inspection.

Oversight of staff training had improved. Mandatory training was completed by all staff, including refresher training when required. Appropriate moving and assisting training was being delivered. Moving forward, leaders should take a more strategic approach to training needs. This would identify training needs staff may have as people's health and support needs change.

This includes training in areas such as providing the right support to people who experience stress and distress, along with further training opportunities around advanced dementia. This should be captured within the overall service improvement plan. Leaders were receptive to this feedback. We will check progress at our next inspection.

How good is our staff team?

4 – Good

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement.

Quality Indicator 3.3 Staffing arrangements are right and staff work well together

There was a welcoming atmosphere in the home. We observed warm interactions between staff and people. Interactions between staff were also open and professional. A particular strength was the role staff who were not involved in providing direct care and support played. They recognised that they had an important role in building a staff team contributing to daily life in the home.

There were generally enough staff to support people's needs and wishes in an unhurried manner. Designated activity coordinators enhanced people's experiences by offering a variety of activity and wellbeing choices throughout the day. The provider employed care hosts who supported people at mealtimes. They played an important role in ensuring people experienced the right support at the right time. However, we evaluated that people's meal time experience was not as good on days care hosts were not working, as some people had to wait longer for the support they required. We made an area for improvement about this.

(See area for improvement 1)

Leaders were using a dependency tool to assess staffing levels in the home. This was being completed on a regular basis and demonstrated that staffing levels were altered when people's needs changed. We advised that the dependency tool should allow for professional judgement that takes account of the physical environment of the home. Leaders were receptive to this feedback. We will check progress with the dependency tool at our next inspection of the home.

The home provided respite to a maximum of five people at a time. We evaluated that planning around respite could be improved. Staff reported that information sharing on the needs and wishes of people arriving for respite could be enhanced, along with having guidelines on the maximum number of people arriving during the week. This would make the process smoother and limit impact both on long term residents and those people who were arriving for respite. We made an area for improvement about this.

(See area for improvement 2)

Induction and training of staff had improved. The induction process for new staff had been enhanced to ensure key areas of learning were completed within required timescales. Leadership oversight of inductions and staff training in general had improved. This meant people could be more confident that staff had the right skills to support and care for them.

Areas for improvement

1. To ensure people have a consistent meal time experience, the provider should observe meal times at various times, both when care hosts are present and when they are not. They should use intelligence from these activities to create an improvement plan around meal times.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

2. To ensure respite is well organised and does not impact on people living in the home, the provider should establish clear guidance around respite planning and procedures.

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 is consistent and stable because people work together well' (HSCS 3.19)

And

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

How good is our setting?

4 - Good

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement.

Quality Indicator 4.1 People experience high quality facilities

Blanefield House is a traditional building set in a semi-rural location. People benefitted from a warm and welcoming environment. There were adequate lounge and dining facilities in the home. People's bedrooms were individualised and maintained to a good standard.

Maintenance of the building was on going. There was a good process to alert the maintenance manager to repairs. Relevant maintenance contracts were in place and up to date. The maintenance manager carried out ongoing safety checks on a planned and regular basis. Domestic staff maintained a generally good standard of cleanliness in the home. People living in the home commented on how well laundry staff looked after their clothes.

We evaluated that people would benefit if there was a clear environmental improvement plan in place to support an ongoing programme of maintenance and redecoration. Some people were living with dementia. Their experiences would be enhanced if the environment was adapted in line with current best practice around dementia. This should be a key part of the environmental improvement plan. We made an area for improvement about this.

(See area for improvement 1)

Areas for improvement

1. To ensure people continue to benefit from high quality facilities that meet their needs and wishes, the provider should implement an ongoing environmental improvement plan that is informed by current best practice guidance around living with dementia.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

How well is our care and support planned?

4 - Good

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement.

Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

Assessment and care planning had improved since our last inspection. Pre-admission assessments were carried out by the home manager and shared with the larger team. Planning and communication around people arriving for respite could be enhanced. Please refer to the staffing section of this report for more details.

Care plans were being reviewed on a regular basis and there was good evidence that people and their representatives were involved in the review process. Supporting legal documentation was in place. This helped ensure that any interventions were agreed and upheld people's rights.

Quality assurance of care plans was being carried out to a good standard. Plans we sampled contained accurate information around people's health and care needs. We looked at previous care plans that were completed to support people receiving palliative and end of life care. They were completed to high standard. This helped ensure people experienced the right support at every stage in their life.

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.