

# Glencairn House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
16 September 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 an unannounced inspection which took place on 16 September 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

This inspection focussed on improvements required from the inspection completed on 24 July 2025. 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'.

We have re-graded the service in recognition of the required improvements being met. We re-graded the service to 'adequate' for supporting people's wellbeing, leadership and care and support planning.

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 report dated 24 July 2025.

In making our evaluations of the service we:

- spoke informally with people using the service and one of their family members
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

## Key messages

- Quality assurance systems were now being used more effectively to provide oversight of the service.
- The management of topical medications had improved.
- Care planning and risk assessments were now routinely being completed and reviewed.
- Fluid and food monitoring was taking place to effectively assess people's nutritional status.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

## How well do we support people's wellbeing?

**3 - Adequate**

This key question was evaluated as weak at our last inspection. As a result, we took enforcement action to require the provider to make improvements. At this inspection, we found that the quality of care and support had improved and strengths outweighed weaknesses. The evaluation for this key question increased to adequate.

Our findings from this inspection can be found in the 'What the service has done to meet requirements made at or since the last inspection' section of this report.

## How good is our leadership?

**3 - Adequate**

This key question was evaluated as weak at our last inspection. As a result, we took enforcement action to require the provider to make improvements. At this inspection we found that the quality of leadership had improved and strengths outweighed weaknesses. The evaluation for this key question increased to adequate.

Our findings from this inspection can be found in the 'What the service has done to meet requirements made at or since the last inspection' section of this report.

## How well is our care and support planned?

**3 - Adequate**

This key question was evaluated as weak at our last inspection. As a result, we took enforcement action to require the provider to make improvements. At this inspection we found that the quality of care and support planning had improved and strengths outweighed weaknesses. The evaluation for this key question increased to adequate.

Our findings from this inspection can be found in the 'What the service has done to meet requirements made at or since the last inspection' section of this report.

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

### Requirements

#### Requirement 1

**This required improvement was made as the result of enforcement action taken on 1 August 2025.**

By 14 September 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), and regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

#### Action taken on previous requirement

Care plans we reviewed provided clear information for care staff, to guide care and support. We found evidence of regular monitoring, reviews and communications with relevant professionals, where necessary, to direct care. The service had developed structured systems for auditing care plans to ensure that they were effective in directing care and monitoring risks. This supported care that is informed and met people's needs. We observed improvements to the information sharing portals used by the staff team to support good communication about people's acute and immediate care needs.

#### Met - outwith timescales

#### Requirement 2

**This required improvement was made as the result of enforcement action taken on 1 August 2025.**

By 14 September 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 requirement was made on 26 March 2025.**

### Action taken on previous requirement

The interim management team have been supporting all staff to understand and carry out their roles and responsibilities. They have reviewed staff training and have started to observe staff practice to ensure that they have the correct skills and knowledge to support people safely. This included updating training for some staff, where necessary.

Responsibilities of senior carers have been re-established to ensure that they are leading and directing the daily running of the care home. This helped to ensure that people received the required care and support timeously.

The service had put in place an action plan following the inspection in July 2025. This included all the required improvements identified and how they planned to meet these. The action plan had been kept updated as the service made progress. The action plan was clear, identifying the improvements to be made, timescales and who is responsible for completion of the improvements.

The provider had a range of quality assurance systems and audits to help identify concerns. The quality assurance processes had been implemented to take account of people's experiences. These were now being used effectively to improve outcomes for people.

### Met - outwith timescales

#### Requirement 3

By 14 September 2025, you must ensure that, at all times, service users have sufficient daily food and fluid intakes to meet their health care needs. In order to achieve this, the provider must:

- ensure that staff who complete observation charts such as daily fluid balance charts have the knowledge and understanding to do so. Staff must consistently and accurately complete the charts, evaluate the content of the charts and plan care accordingly.

This is in order to comply with regulations 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 the Health and Social Care Standards which state that: I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm. (HSCS 3.21)

This requirement was made on 24 July 2025.

#### Action taken on previous requirement

We examined a sample of food and fluid monitoring records. We were satisfied that people's nutritional intake was being monitored well. Where there were any issues, these were addressed in a timely manner. This helped to maintain people's health and wellbeing. A range of personal plans were sampled; these were up to date and provided sufficient detail about how to support people well.

**Met - within timescales**

#### Requirement 4

By 14 September 2025, the provider must ensure that people are supported to have topical medications administered safely.

In order to achieve this, the provider must, at a minimum:

- carry out an audit of people's current topical medication
- ensure topical medications have appropriate guidance about where on the body it should be applied, how often and the current dosage
- ensure medication administration records for topical medications are properly completed, to evidence that staff are administering the medication as per the prescribed instructions
- ensure dates of opening are on all topical medications as the expiry date may alter once opened.

This is in order to comply with regulation 4 (1) (a) (welfare of 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: Any treatment or intervention that I experience is safe and effective. (HSCS 1.24)

This requirement was made on 24 July 2025.

#### Action taken on previous requirement

Topical medication management had improved. Medication packaging had pharmacy labels with names and instructions for use. Staff had taken care to record when containers were opened. Medications were stored in a clean environment appropriate to their content. People were receiving medication as prescribed, and prescriptions were documented clearly with details of application. Records were up to date, audited and management had good oversight of the administration of topical medication.

**Met - within timescales**

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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