

## Glennie House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
17 November 2025

**Service provided by:**  
MMCG (2) Limited

**Service provider number:**  
SP2018013105

**Service no:**  
CS2018365961

## About the service

Glennie House is registered to provide a care home service to 52 older adults (aged 50 years and above). The service provider is MMCG (2) Limited.

Glennie House is situated within a quiet residential area of Auchinleck, East Ayrshire. The service is close to the town centre and local amenities.

The two storey, purpose-built care home offers accommodation on both floors, each of which has two lounge/dining areas as well as shared adapted bathing/showering facilities. All bedrooms are single occupancy, with each benefiting from en-suite facilities including wet floor showers.

A well maintained and secure garden can be accessed from the ground floor. A passenger lift is available to access both floors of the home.

At the time of the inspection, 52 residents were living in Glennie House.

## About the inspection

This was an unannounced inspection which took place on 11, 12 and 13 November 2025. The inspection was carried out by three inspectors from the Care Inspectorate who were accompanied by an inspection volunteer. 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 18 people using the service and five of their relatives, and received 21 completed questionnaires.
- Spoke with 23 staff and management and received 10 completed questionnaires.
- Observed practice and daily life.
- Reviewed documents.
- Received four completed questionnaires from professionals involved with the service.

## Key messages

Residents experienced compassionate, responsive support from skilled and knowledgeable staff who were familiar to them.

Staff had managed a wide range of complex healthcare needs well, meaning that residents health and wellbeing benefitted from the care and support provided.

The home environment promoted people's wellbeing, benefitting from ongoing refurbishment aimed at providing consistently high quality, enabling facilities.

The management team demonstrated both capacity and willingness for improvement, an impactful 'lessons learned' culture and good awareness of strengths and areas for improvement arising from quality assurance processes.

Improvements to mealtime management and meaningful activities would enhance resident's outcomes and experiences.

## 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 setting?	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 identified important strengths that had a positive impact on people's experiences and outcomes, alongside some areas for improvement to further enhance people's health and wellbeing. We evaluated this key question as good.

Residents' health and wellbeing needs had been assessed by skilled and knowledgeable staff, who had undertaken training relevant to their individual roles. Information gathered on admission and through ongoing assessments had enabled staff to develop an understanding of people's needs, choices and preferred routines. This enabled staff to meet people's needs and expectations.

Staff demonstrated good values when sharing information with us regarding the care and support provided to residents. During the inspection, we observed staff interacting with individuals in a kind, responsive, and caring manner. However, there were periods of time where staff were absent from lounges when residents were present. The manager agreed to address this to promote safety and meaningful interaction for residents. Feedback from residents and their families was mostly positive with some varied comments about staffing:

'Staff are very nice and friendly. Nothing is any bother to them from management to care staff'.

'I get on well with the staff, I feel as if they know me very well'.

'Very good people that work here, feel very lucky'.

'Some staff remain focused of task specific care as opposed to person centred care. Some staff are really person centred and it is evident they are in the job because they care'.

'The staff are friendly, efficient and work extremely hard. Sometimes I feel they are overstretched'.

'Always friendly, help whenever it is needed'.

Maintaining meaningful contact and relationships is important for residents and their families and feedback confirmed this had been well managed. Protocols were in place to ensure continued contact should visiting restrictions be necessary, for example, during infection outbreaks.

The relevant risk assessments had been completed and updated regularly or as people's needs changed. Where risks had been identified, we saw that the actions planned by staff had informed the development of personalised care plans tailored to residents' needs. This allowed staff to deliver individualised support and it was encouraging to see a high level of detail recorded. Care plans reflected a strengths based approach that recognised people's abilities and the importance of continuing to promote independence.

We observed effective preventative healthcare and positive outcomes, such as pain management, wound healing and improved mental health. This proactive approach supported early identification of health concerns, which had been appropriately escalated to senior staff or external healthcare professionals. Staff vigilance, combined with these collaborative working relationships meant that residents benefitted from safe and effective treatment.

We also saw examples where staff had supported individuals to regain their independence and the positive impact this had on their quality of life and self worth. Healthcare professionals commented:

'The administration team are very knowledgeable and welcoming. When visiting, the catering team showed their support as did the care team, as always. I've found staff to know the residents well and really try to consider the person's individual tastes, wants, personalities'.

'I think my experience has been that professionals are very caring but at times are under time constraints'.

Regular monitoring and review of residents' clinical needs enabled early identification and management of issues, supporting quicker recovery when people became unwell. Clinical audits and weekly meetings had supported good communication and contributed to positive outcomes for individuals when, responding to healthcare risks.

Protocols for safe medication management had become well established, enabling staff to ensure residents received the correct medicines at the right time, helping to maintain safety and wellbeing. Regular audits identified good practice and areas for improvement.

Supporting residents to remain active and offering regular opportunities for meaningful engagement and activities promotes wellbeing and helps people live fulfilling lives. We observed residents enjoying participating in Remembrance themed activities on the first day of inspection, as well as thoroughly enjoying an entertainer thereafter. Activities staff were motivated and had good ideas including the commencement of an intergenerational project with a local school in the new year. However, residents, families and staff felt that the range and frequency of activities and community involvement could be improved. We agreed with this as we noted periods of time when residents were disengaged, as well as feedback that included:

'(Would like) more days out in mini-bus for the residents'.

'(Would like) more activities for residents'.

'More variety in activities - becomes quite repetitive'.

'We as a family were informed of various outings for residents, but my parent has only been out a couple of times'.

The activities programme could be strengthened by introducing examples of good practice initiatives such as, but not limited to, CAPA (Care About Physical Activity), Namaste Care for individuals with advanced dementia, and Playlist for Life. More work is needed to expand the range and frequency of activities, opportunities for outdoor access and community involvement. See area for improvement 1.

Food and nutrition had been well managed with positive examples where residents had been supported to stabilise or increase their weight. Dietician involvement had been sought at an early stage where staff had identified concerns as a result of close monitoring, preventing further deterioration. Catering staff demonstrated a good awareness of people's individual preferences and menus had recently been revised following consultation with residents.

People experiencing care should enjoy meals in a calm, unhurried and sociable environment which was not what we observed. The management team were aware of the need to review and improve the dining experience for residents and should address the issues identified.

This includes the provision of food and fluids for individuals rising before breakfast time. Observations and audits should be carried out regularly, to embed and then maintain good practice. See area for improvement 2.

A previous area for improvement regarding hydration care plans had been met as detailed later in this report. The aspect relating to fluid charts is continued, to maintain focus on the need to closely monitor the offering and accepting of drinks, where residents are having their fluid intake monitored due to concerns. See area for improvement 3.

Infection prevention and control (IPC) measures had become well embedded in line with current guidance. Staff demonstrated good awareness of IPC and reflected this in their practice, reducing the risk of infection for vulnerable residents.

## Areas for improvement

1.  
The activities programme should be improved to support people experiencing care to actively engage in meaningful recreational and occupational activities, including outdoor activities and community involvement, to enhance overall wellbeing and quality of life.

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

'I can choose to have an active life and participate in an active range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

2. The management of mealtimes should be improved to ensure that people experiencing care consistently enjoy well organised mealtimes in a calm, unhurried, and sociable environment, to promote enjoyment and maximise nutritional outcomes. Regular observations and audits should be undertaken to monitor and maintain good practice, identify areas of concern promptly, and reinforce staff awareness of the importance of the mealtime experience.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35) and;  
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

3.  
The recording and tracking of fluid intake throughout the day should be improved to support hydration, health, and overall wellbeing for individual's needing additional support, as well as timely interventions when targets are not met to maintain good practice, and improve outcomes for people experiencing care.

This is to ensure 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).

**How good is our setting?**

**4 - Good**

We identified important strengths that had a positive impact on people's outcomes and experiences, with some areas for improvement to maximise wellbeing. We evaluated this key question as good.

People using care services should benefit from high-quality facilities that meet their needs. Overall, the home presented as welcoming and homely. Bedrooms were single occupancy with en-suite shower facilities and we saw rooms that had been attractively personalised, giving residents a sense of ownership over their private space. Residents and their families were positive about the environment, including recent improvements. Comments included:

'Every room is always clean and tidy'.

'Always spotless wherever I go in the home'.

'My room is always spotless, and I get on really well with the domestics'.

'The decorating has lifted the appearance - it's lighter and brighter'.

The use of the King's Fund Environmental Assessment Tool to inform improvement was commendable. This provides an evidence-based approach to promoting an enabling and dementia friendly environment that promotes people's independence. To date, this had led to improvements that included better lighting, clearer signage and points of interest such as locally themed artwork. The action plan had not been revisited for some time and we asked for this to be done to reflect progress and support continued improvement.

The home environment had benefitted from recent redecoration and people we spoke to were positive about this. Environmental audits and daily walkrounds had been used to identify areas where action was needed, helping to address issues quickly. However, we noted that some carpets were in need of attention as was the decor in some of the bathrooms we viewed. Although, the management team were aware of this and advised it would be addressed at some point, it would be beneficial to have an environmental improvement plan setting out priorities and timescales. The improvement plan should be informed by the IPC, environmental and King's Fund audits undertaken as well as people's feedback. See area for improvement 1.

Clear, planned arrangements for regular monitoring and maintenance of the premises and equipment is essential to ensure safety. We found that maintenance checks had been well managed, including checks on equipment used to meet residents' needs. This helped to reduce the risk of avoidable harm.

There was a choice of communal and private spaces, allowing people to come together or spend time alone according to their preference. The availability of four lounge/dining areas supported smaller group living and the enclosed, well maintained garden area offered opportunities for residents to spend leisure time outside as well as participating in meaningful outdoor activities. This should be built into the activities programme as detailed under key question 1.

The staff team as a whole demonstrated good knowledge of infection prevention and control (IPC) with regular IPC audits being completed and acted on. These measures helped reduce the risk of infection for residents, visitors and staff. Housekeeping staff worked diligently to maintain a clean, tidy environment and were knowledgeable concerning cleaning and laundry procedures. We shared that cleaning records were somewhat basic and would benefit from greater detail.

Laundry processes were generally well managed within the limitations of the existing facilities. Plans to improve the laundry area by increasing space and redesigning storage were due to commence.

We continued this as an existing area for improvement, as detailed later in this report and will review progress at the next inspection.

Overall, the physical environment supported residents' wellbeing, with some aspects requiring attention to maintain high standards. The management team were responsive to feedback and took immediate action on issues identified during the inspection, demonstrating both willingness and capacity for improvement.

## Areas for improvement

1. So that people experiencing care benefit from a consistently high quality environment, an environmental improvement plan setting out priorities and timescales should be developed and shared with residents and their families.

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 5.22).



## 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

To promote the safety of people and minimise the risk of infection, the service should, at a minimum:-

- Adapt the environmental audit, to ensure guidance is provided to direct auditors on what to assess and ensure all areas that are requiring to be assessed are detailed;
- Explore options for clearly defining the dirty to clean flow of laundry.

This is to ensure 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 28 July 2022.**

#### Action taken since then

At the last inspection, changes had been made to how the environmental audit and managers daily walkrounds were being utilised within the service. This led to improvements within areas of the home that had been overlooked previously. Since then, the provider had confirmed plans to increase capacity and storage to implement robust infection prevention and control processes in the laundry area. This work is due to commence early next year and we continued this area for improvement for review at the next inspection once works are complete.

#### Previous area for improvement 2

All staff need to be aware of their responsibility to support and report the skin care needs of people experiencing care. The records to support the skin care needs of people should be detailed, accurate and show the action and treatment provided.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me'.

**This area for improvement was made on 2 July 2025.**

#### Action taken since then

We found detailed and accurate skin care risk assessments and care plans in the records we reviewed. Wound care plans had been put in place where required and we saw that all of these records had been reviewed and updated in accordance with people's needs. This area for improvement had been met.

## Previous area for improvement 3

The service should ensure that a person's expressed preference for a bath or shower is supported as much as possible, and that people receive a bath or a shower on a regular basis.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me.'

**This area for improvement was made on 2 July 2025.**

### Action taken since then

The personal plans we reviewed set out people's needs and preferences in respect of bathing or showering. Daily notes reflected personal care being carried out in accordance with people's wishes. This area for improvement had been met.

## Previous area for improvement 4

The hydration care plan for a person should be accurate and reflective of their assessed needs. Fluid charts used to support the care plan should show that staff are offering the agreed level of liquid to a person, to support them to reach their target.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me'.

**This area for improvement was made on 2 July 2025.**

### Action taken since then

We noted good hydration care plans in the records we reviewed, highlighting areas of concern and the commencement of 'fluid watch' where individual's needed to have their intake closely monitored to benefit their health and wellbeing. Realistic targets had been set for a 24 hour period. This aspect of this area for improvement had been met.

However, more work was needed to improve the recording of amounts being offered and what has been taken, recording this in real time to offer an up to date reflection of people's fluid intake throughout the day. This is so that action can be taken to prompt and increase this where needed, in respect of the targets being set. We made a new area for improvement under key question 1 in this report.

## Previous area for improvement 5

The 'lifestyle' care plan for a person should fully outline their preferences and choices in relation to meaningful opportunities. These preferences should be supported by a programme of activities, which should be offered even if a person is being cared for in their room.

This is to ensure care and support is consistent with Health and Social Care Standard 1.25: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors'.

**This area for improvement was made on 2 July 2025.**

**Action taken since then**

We made a revised area for improvement regarding meaningful activities under key question 1 in this report.

**Previous area for improvement 6**

The service should assess each concern and complaint and benchmark it against the Company policy and procedure, to ensure complaints are handled in line with good practice and complainants receive a response and outcome.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

**This area for improvement was made on 2 July 2025.**

**Action taken since then**

The management team demonstrated a 'lessons learned' approach arising out of concerns, complaints and other adverse incidents. Outcomes had been shared with staff to support changes or improvements. A log of concerns and complaints had been maintained reflecting the actions taken in response. This area for improvement had been met.

**Complaints**

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## 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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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