

## Ardencraig Care Home Care Home Service

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Castlemilk  
Glasgow  
G45 9US

Telephone: 01416 344 243

**Type of inspection:**  
Unannounced

**Completed on:**  
19 January 2026

**Service provided by:**  
Thistle Healthcare Limited

**Service provider number:**  
SP2003002348

**Service no:**  
CS2003015202

## About the service

Ardencraig Care Home is registered with the Care Inspectorate to provide a care service to a maximum of 16 older people in the Dee unit and 74 adults with a range of physical disabilities and mental health issues in the Tweed and Hampson units. The provider is Enhance Healthcare Limited.

The service operates from a purpose-built two storey building. The ground floor is made up of two units; one where care is provided to older people and the other for people who may have a diagnosis of alcohol-related brain damage (ARBD) or acquired brain injuries. The upper floor of the home operates as one large unit, where support is provided to people with ARBD.

The home is situated off a main road in the Castlemilk area of Glasgow and is nearby to shops, transport links and other public amenities. Accommodation includes single ensuite bedrooms, communal lounge and dining rooms. There are patio areas located at the rear of the property and an inner garden courtyard.

At the time of the inspection 81 people were living in the home.

## About the inspection

This was an unannounced follow up inspection to review progress towards two requirements and areas for improvement made at the last inspection and from an upheld complaint. This took place on 19 January 2026 and 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with seven people using the service and five staff and management.

We observed practice and daily life, reviewed documents including medication documentation, training records, quality assurance tools, and individuals care/plans.

## Key messages

- Two previous requirements have been met.
- Staff knowledge and practices in supporting medication had improved.
- Quality assurance and management oversight of key areas of service delivery had improved.
- Ongoing work is planned to ensure service improvement is informed by audit findings and the views of people who live in the home.

## 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 good is our leadership?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our leadership?

## 3 – Adequate

We completed a follow up inspection to measure progress towards an outstanding requirement made at the last inspection. The requirement related to quality assurance and management oversight of key areas of service delivery. Although the requirement has been met, further work was needed to develop improvement planning. This has been reflected in a new area for improvement (see area for improvement 1).

We have not changed the evaluation of this key question.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

### Areas for improvement

1. A service development plan should be created with input from the people who use the service, families/representatives, staff and stakeholders in line with the Care Inspectorate's "Quality Framework for Care Homes for Adults and Older People: For use in Self-Evaluation, Scrutiny, and Improvement support" (published April 2022).

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).

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

### Requirements

#### Requirement 1

By 08 December 2025, the provider must implement quality assurance systems to ensure positive outcomes for people and support continuous improvement. To do this the provider must:

- a) implement a management oversight process which takes account of all key areas of service delivery. These should include, but are not limited to, personal planning and the environment
- b) implement regular monitoring and auditing of the setting, to demonstrate that appropriate maintenance and IPC standards are being achieved
- c) produce an effective service improvement plan that is informed by audit findings and service user's feedback and experiences and which evidences improved outcomes for people.

This is 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 national Health and Social Care Standards which state that:

'I use a service and organisation that are well led and managed' (HSCS 4.23);  
'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8); 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 2 September 2025.**

#### Action taken on previous requirement

Organisational audit tools had been introduced to evidence how key areas of service delivery were monitored. Records relating to accidents/incidents, wound management, dependency levels and personal planning were being adapted to an electronic format. This would facilitate improved oversight. The management team carried out daily walk rounds of the home to assess the environment and observe staff practices. Daily flash meetings enhanced communication with management. This meant they could address areas which needed additional input.

The service was supported by colleagues within the organisation who gave feedback on where improvements were needed and shared knowledge about their particular area of responsibility. This included key areas such as infection prevention and control and ongoing environmental developments.

The manager planned to develop the staff team to promote individual responsibility and accountability across areas of service delivery within the home.

A service improvement plan focused on meeting areas of improvement and requirements from the last inspection. The manager committed to developing the plan to include findings from quality assurance activities as well as input from residents, stakeholders, and staff. This will ensure people who live in the home are instrumental in improving the home in which they live. This is reflected in a new area for improvement.

## Met – within timescales

### Requirement 2

By 15 January 2026, the provider must ensure people experiencing care are safe and protected regarding medication administration. To do this, the provider must, at a minimum:

- a) Ensure staff are aware of the importance of accountable 'counting in' of all prescribed medication;
- b) Ensure staff are aware of their responsibility to take action when a medication shortfall or similar issue is identified;
- c) Ensure all Medication Administration Records are completed accurately including the reverse of the MAR;
- d) Ensure staff escalate concerns and inform the management team of any medication issues;
- e) Ensure all staff who administer medication receive up to date training on the expectations of good medication administration and recording;
- f) Ensure the Care Inspectorate is notified of any medication administration incidents which have a detrimental impact on the well-being of people experiencing care.

To be completed by: 15 January 2026 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:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

**This requirement was made on 26 November 2025.**

### Action taken on previous requirement

The management team had worked hard to address the requirement which gave reassurance that the issues had been taken seriously.

There had been recent medication training attended by all staff with responsibility for medication administration. The training covered all of the areas noted in the requirement. Staff were asked to evaluate the training and the management team had competence checks in place to ensure staff had learned from the training and were reflecting on their practice. Staff told us they had found this training to be helpful. Enhanced checks had been put in place for the 'counting in' of medication for a new cycle. This involved night staff completing the 'counting in' and the next shift checking it was accurate. This process was then extended to ensure regular checks on medication held within the service. This was part of a peer review process which staff stated had been useful and held them accountable.

Staff were asked to bring completed MAR sheets to the daily 'Flash' meetings. This was to ensure that any omissions or issues were picked up and addressed.

When we sampled the MARs for each unit, we found the records to be clean and accountable. We could see that staff had used the 'carry forward' section of the MAR to ensure an ongoing record of each medication was noted.

The management team, including external managers, will continue to monitor medication practice to ensure safe medication practice is in place for the safety and well-being of people experiencing care.

#### 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

Each person experiencing care should have the opportunity to participate in meaningful opportunities if they wish to do so. Their choice of activities should be informed by their preferences and interests and written into their personal plan.

This is to ensure care and support is consistent with Health and Social Care Standard:

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

**This area for improvement was made on 26 November 2025.**

##### Action taken since then

A new Lifestyle Manager had been employed, there was one other activities co-ordinator, and a further activity staff member was being recruited. It was agreed, that due to new members, the activities team would go 'back to basics' and undertake an activity survey to ensure that future activities and meaningful opportunities were informed by the choices and preferences of people experiencing care. Once the survey was completed, individual interests and preferences will be recorded on PCS (electronic care planning system) to ensure all staff were aware of their responsibility to support people with meaningful opportunities.

There were activities such as bingo and quizzes taking place and several people were going out into the community. A country themed party was planned, and some people were supported to do their laundry and make a meal. However, there were people who lacked purpose in their day. This was acknowledged by the Lifestyle Manager and the management team as an area that required consideration and action.

This area for improvement has been discontinued as it is reflected within area for improvement 4.

##### Previous area for improvement 2

To ensure that people with stress and distress are well supported, the manager should ensure that clear and relevant records are kept in relation to:

- a) strategies or interventions used prior to 'as required' medication being administered

- b) reasons for giving 'as required' medication
- c) outcomes and effectiveness following medication administration.

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

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

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

#### **Action taken since then**

We sampled the personal plans for people living with stress and distress. Within each plan there was information relating to strategies used prior to 'as required' medication being given. However, this information was variable in content and, at times, hard to find within the overall personal plan. This could lead to confusion, particularly for new or agency staff.

There were 'as required' medication protocols in place. The information for each person within the protocols was generic in nature, such as 'for agitation', 'for distress' and 'for pain'. This information did not guide staff regarding the specific symptoms to be aware of. The protocols should be more person centred and reflective of people's assessed needs.

This area for improvement will be continued, and we will review progress at the next inspection.

#### **Previous area for improvement 3**

In order to ensure that people living in the home are helped to realise what is meant by a high-quality environment, in relation to good practice and smaller group living, the provider and manager should continue to implement and develop the improvement plan.

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

'If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible' (HSCS 5.7); and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

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

#### **Action taken since then**

The provider had evaluated the environment and produced a report. This set out design rationale and resident-centred benefits of dividing the largest unit within the home into two distinct, self-contained living environments, each with its own identity, shared spaces, and interior design scheme. When progressed this would benefit residents, responding directly to the needs of individuals living with Alcohol-Related Brain Damage (ARBD) and related cognitive impairment.

This area for improvement will be continued, and we will review progress at the next inspection.

#### **Previous area for improvement 4**

To ensure that people achieve physical and mental wellbeing through meaningful interaction and stimulation, the manager should:

- a) consult with people about how they wish to spend their day
- b) develop individual plans and goals for each person and how staff can support people to achieve these
- c) provide staff with guidance about how to engage, with people, effectively.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6); and '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' (HSCS 1.25).

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

#### Action taken since then

A new Lifestyle Manager had been employed, there was one other activities co-ordinator, and a further activity staff member was being recruited. It was agreed, that due to new members, the activity team would go 'back to basics' and undertake a survey to ensure that future activities and meaningful opportunities were informed by the choices and preferences of people experiencing care. When completed, individual interests and preferences will be recorded on PCS (electronic care planning system) to ensure all staff were aware of their responsibility to support people with meaningful opportunities.

Activities such as bingo and quizzes took place and several people accessed the community. A country themed party was planned, and some people were supported to do their laundry and make a meal. However, there were people who lacked purpose to their day. This was acknowledged by the Lifestyle Manager and the management team as an area that required consideration and action.

This area for improvement will be continued and we will review progress at the next inspection.

#### Previous area for improvement 5

The provider should evaluate the service learning and training programme to ensure there are opportunities for staff to develop skills and knowledge according to best practice. This is to ensure the service can meet the current and future needs of all people living within the home.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

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

#### Action taken since then

Training had focused on medication practices, processes, and competency. Positive learning had been evidenced and people living in the home benefitted from improved practice and procedures. This helped to keep people well.

Recent successful recruitment had stabilised staffing and reduced use of agency staff. The manager planned to carry out a staff training and skills analysis, taking into account the diverse group of residents in terms of age, diagnosis and identified strengths and needs. This will support a training programme to upskill staff and align learning opportunities with the specific needs of people supported.

This area for improvement will be continued, and we will review progress at the next inspection.

## Previous area for improvement 6

To ensure that personal plans support good outcomes for people, the provider and manager should ensure that:

- a) each person has a plan that is reflective of them as an individual
- b) evaluations are regularly and appropriately recorded
- c) reviews are used to reflect on people's outcomes and that action points are recorded to support follow up. Reviews should take place at least every six months or in response to need
- d) all staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved.

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); and  
'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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

## Action taken since then

Work had begun on auditing all personal plans to ensure they reflected the current needs and preferences of people living in the home.

Personal plans were in place to direct staff on how best to support people with aspects of daily living and maintaining positive health. Progress had been made to develop more person-centred content, reflect positive language and regularly review. However, inconsistencies remained and support strategies were not always easily identified. Ongoing auditing was planned to develop greater consistency and ensure plans were clear, accessible, and direct staff effectively according to people's preferences and needs.

This area for improvement will be continued, and we will review progress at the next inspection.

## 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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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