

# Glenlivet Gardens Care Home Care Home Service

30 Glenlivet Place  
Darnley  
Glasgow  
G53 7LA

Telephone: 01416 385 632

**Type of inspection:**  
Unannounced

**Completed on:**  
11 March 2026

**Service provided by:**  
JSL Care Ltd

**Service provider number:**  
SP2008010034

**Service no:**  
CS2008184419

## About the service

Glenlivet Gardens Care Home provides accommodation and nursing care for up to 56 older people. The service was registered with the Care Inspectorate on 1 April 2011.

The building is purpose-built on two levels. All bedrooms offer single accommodation with en suite facilities. There is parking and a garden area to the rear of the building. The home is situated in a residential area of south Glasgow, near to public transport and community resources.

At the time of the inspection there were 53 individuals living in the care home.

## About the inspection

This was an unannounced inspection which took place between 10 March 2026 and 11 March 2026. 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.

In making our evaluations of the service we:

- spoke with 15 people using the service and six of their family members
- spoke with 12 staff and management
- received feedback from two external professionals
- observed practice and daily life
- reviewed documents
- prior to the inspection we issued questionnaires and received ten back from individuals supported by the service and six members of staff.

**Key messages**

- People's health was monitored and changes escalated to relevant health professionals when needed.
- People were very happy with the care and support they experienced.
- People had access to a range of activities based on their preferences.
- Overall, quality assurance and improvement was led well.
- The staff team worked well together.
- The provider was progressing through an 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

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 evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

We observed warm and compassionate interactions between staff and people being supported. Engagement was friendly and kind. The choices and preferences of people living in the care home were supported well by staff who were familiar with individuals' needs. One person told us "I am happy here, it is the same staff and they are kind to me" whilst a relative commented "they are all very kind and caring, this reassures us as a family". This helped people feel valued.

People's health and wellbeing needs were regularly assessed. When changes were identified, staff were good at referring to external professionals for further input. It was confirmed by external professionals that referrals were appropriate, made timeously and they had confidence that staff would consistently follow recommendations made. This helped to keep people well.

People should expect to enjoy their meals in a relaxed environment. People were offered appropriate support and encouragement to eat and drink. When offering assistance, staff supported people to enjoy their meal in a discreet and patient manner. We shared examples where the mealtime could be improved to create a more relaxed and pleasant experience. This included the offering of visual choices to support people to choose what they would like to eat. This would support improved eating and drinking. The management team agreed to take this forward and monitor through internal quality assurance processes.

People were offered snacks and drinks out with meal times which promoted good food and fluid intake. When required, appropriate monitoring of people's food and fluid intake was undertaken. Clear records of what individuals had been offered and what they had consumed meant that changes to planned care could be made where needed. There was evidence of routine oversight of these documents. This promoted health and wellbeing through improved nutrition and hydration.

Medication was managed effectively to support people to take the right medication at the right time. There was guidance available for staff on the administration of "as required" medication. Some were completed in more detail than others, with clear guidance of what strategies staff should employ before offering medication (a previous area for improvement has been repeated).

Meaningful activity is known to promote physical and social wellbeing. The service was actively recruiting for an activity worker. This meant that the entire staff team were involved in supporting meaningful activity. People had opportunities to take part in a range of meaningful activities such as musical events, accessing the local community, arts and crafts, visiting groups and events between the different units. One person commented "I love going to the entertainment on a Wednesday, it's a great laugh" whilst another commented "the weekly coffee afternoon on a Tuesday is good because we get to meet up with old friends". It was positive to note that staff who worked in support departments also recognised the importance of meaningful engagement. This had resulted in people enjoying laundry and light cleaning tasks. People enjoyed these opportunities. However staff had missed the opportunity to consistently evaluate what participation had meant for people. This would allow the service to monitor what people were enjoying and benefitted from to inform future planning.

**How good is our leadership?****4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

We received positive feedback regarding the communication from the management team. Individuals told us that they would be comfortable taking forward ideas or suggestions. One relative commented "(name), is always visible in the care home, will say hello and check in when we arrive and check everything is OK when we leave". When things didn't go to plan, individuals confirmed that they would have confidence that their concerns would be listened to and when required, responded to.

Overall, quality assurance and improvement was led well. A range of audits were completed to measure performance of key areas across the service. This included the environment, medication, accidents/incidents, health risk assessment and personal planning. Staff in various roles were involved in the audit and oversight process. This meant that there was a whole team commitment to driving improvement.

Overall, where issues were identified, these were addressed quickly with action plans completed and assigned to relevant staff across the service. However, some audit tools had not resulted in an action plan. To ensure audit activity informed improvement the management team gave a commitment to strengthening action planning.

Accidents and incidents were monitored and analysed. This provided assurance that when things did not go to plan, a lessons approach was used. We saw examples of this learning leading to positive changes for individuals, such as the introduction of assistive technology. A relative told us "I am contacted as soon as there is a fall or anything happens and this gives me reassurance".

There was an overall service improvement plan in place. This was reflective of what the service wanted to work towards. Although feedback was requested and received from individuals, it was not always evident in this plan. We asked that feedback was used to inform the service improvement plan.

**How good is our staff team?****4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

The care home was supported by a consistent and stable staff group. One person commented "The staff are like a second family to me, caring and compassionate" whilst another commented "Staff make me feel comfortable. If I need any help they always help me. Staff are nice". When required, agency staff would be deployed to support the service.

Staffing arrangements should be determined by regular assessment of people's care needs. A recognised dependency tool had been used to help inform staffing levels. This was shared with those living, visiting and working within the care home. We found that there were sufficient staff on shift.

Staff told us they felt well supported by the management team and had no limitations to accessing support. Formal staff supervision opportunities had fallen behind however this had been identified internally and a plan in place to rectify this. This is important as it allows managers to identify any practice, training and support needs promptly.

People should have confidence that the people who support them are trained, competent and skilled. A blended approach continued with staff training. E-learning covered a wide range of mandatory training. This helped promote a learning culture within the staff team. The training provided was relevant and helped staff meet the needs of people supported. The management team promoted the local health board training programme for the staff group. Observations of practice were undertaken to ensure staff applied training in their day to day work practice. This included medication practice, infection control and interactions with people living in the care home.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment".

## How good is our setting?

### 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

People can expect to live in high quality facilities. At the time of the inspection, the provider was progressing with an environmental upgrade plan. This had been developed in partnership with those living and working in the care home. This meant environmental changes reflected people's preferences and wishes. This would result in all areas of the care home being upgraded and included a new family room. This was welcomed by individuals and their families.

Domestic staff were diligent and followed structured cleaning documentation. Staff worked hard to ensure that the environment was clean and comfortable for people. There was a choice of quieter spaces in the care home where people could spend their time. Bedrooms were comfortable and nicely personalised which helped to give people a sense of belonging. People had their own room and en suite which promoted privacy. One person told us "I have things in my bedroom that are important to me" whilst another commented "I would like to change the colour of my bedroom, I have spoke with the staff about this and I know that it is going to happen". There was a range of appropriate equipment to meet people's needs.

People can expect accessible outdoor space. People benefited from a large garden area with a choice of areas to spend their time. The garden had been well maintained. Work was planned to prepare the gardens ahead of the spring and summer months.

Maintenance records confirmed equipment checks and servicing had been carried out to ensure people were not exposed to harm and were kept safe. There was a call alert system that allowed people to summon assistance when required.

## 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

The manager should ensure that the practice of recording "when required" medication is consistent and adhered to by all staff. There should be clear protocols in place for the administration of "when required" medication. Staff should be aware of the various interventions that can be used to help reduce stress and distress before administering medication that alters mood.

**This area for improvement was made on 26 May 2021.**

#### Action taken since then

As with comments in "How well do we support people's wellbeing?", we found that "when required" medication protocols varied in detail.

This area of improvement has not been met and has been repeated.

### 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?	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

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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