

Meadowbrook Care Home Care Home Service

Scholar's Gate
Whitehills
East Kilbride
Glasgow
G75 9JL

Telephone: 01355 579 758

Type of inspection:
Unannounced

Completed on:
13 March 2026

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2003046475

About the service

Meadowbrook Care Home is registered to provide care to a maximum of 106 older people. Within the 106 places, there can be up to a maximum of five adults/older people requiring respite/short break places, as well as younger adults. The provider is Thistle Healthcare Limited.

The home is purpose-built and situated in East Kilbride, South Lanarkshire within easy access to local shops, amenities, and transport links. Parking is available for visitors to the front and side of the building.

There are six units across two levels, three of which were occupied at the time of the inspection. All bedrooms are single occupancy with en suite shower facilities. There are also communal lounges, dining areas, and bathrooms in each unit. A spacious, enclosed garden provides residents and their visitors with a safe outdoor space.

At the time of this inspection there were 47 people living in the home.

About the inspection

This was an unannounced inspection which took place 10 and 11 March 2026 between 06:45 and 18:30. In addition, further off-site work was completed to review records received from the service on 12 March 2026. Feedback was provided on 13 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 and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with 25 people using the service and three of their friends and family
- received 26 completed questionnaires (this includes all types)
- spoke with 23 staff and management
- spoke with two visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- People generally experienced compassionate, respectful care from staff who supported dignity and choice.
- Leadership and staff demonstrated a clear commitment to improving quality and outcomes.
- People's health and wellbeing were supported through attentive care and good access to clinical input.
- The environment supported independence, with ongoing work to enhance consistency and comfort.
- Areas for improvement have been identified to strengthen consistency in personal planning and recording, infection prevention and control, and environmental maintenance.

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?	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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

1.1 People experience compassion, dignity and respect

Overall, people and relatives felt cared for and supported by friendly, polite, respectful staff who were approachable and willing to help when needed. We observed positive interactions, with staff speaking calmly, offering reassurance and responding appropriately to people's needs.

Staff demonstrated an understanding of how they supported people's choice and control, including respecting personal routines and preferences, helping to promote dignity and independence. People were generally well presented, reflecting staff's attention to dignity, comfort, and personal care needs.

1.2 People get the most out of life

Planned activities supported people's enjoyment, social connection, and individual interests, including celebrations and faith-based support. Additionally, activities with schools and community outings helped people stay connected to the wider community.

People and relatives had opportunities to share their views and this led to positive changes in daily life and the environment.

Overall, people had opportunities to enjoy meaningful activities and relationships that contributed positively to daily life. A small number of people said they would like more opportunities to spend time out of their rooms and feel more socially connected. The service recognised opportunities to strengthen social connection by improving how activities were promoted and by further developing how the impact of activities on people's wellbeing was evaluated.

1.3 People's health and wellbeing benefit from their care and support

Overall, people benefitted from attentive care, appropriate healthcare oversight and support that promoted dignity and wellbeing. People generally experienced positive and well supported care that promoted their health and wellbeing. People told us, "Dad is well cared for... every member of staff that enters his room is friendly and helps him if needed" and "My relative is very happy in the home... all [their] care in every way is done very well."

Mealtimes were calm and well organised, with staff offering choice, encouraging independence, and providing assistance in a respectful, unhurried manner. Special dietary needs and food textures were understood and catered for and information was shared effectively with catering staff.

There was good access to healthcare support. We saw evidence of multi-disciplinary involvement, anticipatory care planning, regular meetings, and timely referrals when people's health changed. Staff handovers were well organised and ensured key health information, such as fluid intake and appointments, was shared.

Overall, recording practice supported effective oversight of care. Some gaps in records were noted around oral care, oral supplements, and 'as required' medication outcomes (see area for improvement 1 under key question 5 - 'How well is our care and support planned?').

1.5 People's health and wellbeing benefit from safe infection prevention and control practices

People were cared for in an environment that was generally clean, organised, and supported safe infection prevention and control (IPC) practices.

The service had thorough IPC systems in place, including an IPC folder, cleaning schedules, hand hygiene audits, equipment checks, and mattress audits. Staff were observed to follow good IPC practices during mealtimes, and personal protective equipment (PPE) was readily available throughout the home.

However, while staff generally demonstrated awareness of infection prevention and control practices, we identified variation in how consistently these practices were applied (see area for improvement 1).

Areas for improvement

1. In order to ensure people's health and wellbeing benefit from safe infection prevention and control, the service should further embed consistent staff practice across all areas.

This includes maintaining high standards of environmental cleanliness, safe handling of equipment, effective laundry processes, and the appropriate and consistent use of personal protective equipment (PPE).

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

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff said they felt supported and listened to, with regular communication, structured handovers, and a visible management presence.

Most people were very positive about the care provided, staff attitudes, and leadership within the home. Many said their family member felt safe, was well cared for, and supported by a friendly and approachable staff team. Comments included, "When I have a problem it is acted on quickly" and "Leaders listen to you and act on issues... relatives' meetings held regularly." The current manager was frequently described in positive terms, including "The new manager is the best the care home has ever had... highly effective and approachable" and "It is run very well."

While feedback was largely positive, a small number of relatives identified opportunities to further strengthen staffing, training, communication, and consistency of care across shifts.

The service had systems in place to check quality and safety, agree actions, and share learning with staff. This included regular meetings, audits, and action plans covering key areas, such as falls, medicines, nutrition, and safeguarding. These helped the service identify risks and make improvements. However, some issues we found during the inspection had not been picked up through audits, including areas such as infection control, medication records, and care plans. This showed a need to strengthen how audits identify issues and make sure actions are followed through (see area for improvement 1).

The service had a development plan in place to support improvement. Progress was reviewed through ongoing management oversight and regular review, helping improve consistency and outcomes for people using the service.

Areas for improvement

1. In order to improve consistency of care and assurance, the service should ensure audits effectively identify practice and recording issues and lead to sustained improvement.

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).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People's needs were assessed using a tool, which helped the service plan the right level of care and support. Staffing arrangements reflected assessed needs, supporting timely care and ensuring staff availability throughout the day.

The service had clear staffing arrangements and planning processes in place, which supported the deployment of staff to meet people's needs.

Feedback about staff was largely positive. People and relatives described staff as "friendly and welcoming" and "always polite and helpful." Others told us staff were "very good" and "always happy to help." Communication was reported to have improved, with comments such as "Communication has greatly improved since the manager has taken over." This contributed to positive experiences for people living in the service.

Staff said they felt supported and valued, which helped them work well together and provide positive care. Good access to training supported staff to develop the skills and confidence needed to meet people's care and support needs effectively.

A small number of comments highlighted opportunities to strengthen communication between staff and maintain consistency of practice, including feedback such as "Sometimes could do with more communication between members" and "More staff so they can provide adequate care." These views were not widely held but indicated areas where further strengthening could enhance people's experiences.

The service had clear staffing roles in place, including named leads for infection prevention and control and nutrition. This provided staff with clear points of contact for advice and guidance and helped promote consistent care across the home.

Professional registration was well managed, with staff who had conditions supported to complete relevant qualifications. Regular supervision and appraisal supported staff development, reflective practice, and oversight.

Staff wellbeing was supported through dedicated staff facilities, access to information, and a monthly recognition scheme. Staff said these arrangements helped them feel valued and supported.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, as strengths only just outweighed weaknesses.

4.1 People experience high quality facilities

Many aspects of the environment supported people's comfort and safety. Laundry arrangements were well organised and routine maintenance and safety checks were completed by external contractors. Several people and relatives shared positive views about the environment, including "The home is always clean and tidy."

A small number of comments received before the inspection highlighted areas for further improvement. These included views that "Some of the rooms could do with updating" and that some shared spaces felt "Clinical in day rooms... entrance nicer than day rooms." These views were not widely held and intended improvements were reflected in the service's ongoing refurbishment programme and development plan. These outlined how the environment would continue to be improved to enhance comfort and homeliness.

Whilst the environment generally supported people's comfort and safety, we identified some cleanliness issues together with signs of wear and tear, which meant parts of the setting were not always maintained to a consistent standard. Management took immediate action during the inspection to address some of the issues identified, which helped resolve these promptly. Other environmental matters, including water temperature and pressure concerns, required further follow up. These findings highlighted the need to strengthen arrangements to ensure environmental standards are regularly reviewed and maintained so people can feel comfortable and confident using all areas of the setting (see area for improvement 1).

4.2 The setting promotes and enables people's independence

The setting offered a range of opportunities to support people's independence and daily choice. Café style areas were available for people to make drinks, supporting choice and independence, and enclosed garden spaces enabled safe access to outdoor areas and supported wellbeing. Bedrooms were personalised to reflect individual preferences and people had access to suitable equipment, including specialised chairs, to support comfort and independence. Snack boxes were available so people could access refreshments when they wished. Some people were supported to develop independence, including access to small on-site facilities and supported to manage their own finances and take part in social activities.

The layout of the home supported people's independence, with unrestricted movement between units. Signage was in place, with plans underway to extend this across other areas to further support orientation and confidence. Refurbishment plans followed recognised best practice design guidance, supporting an age-friendly and dementia-inclusive environment that helped people move around more confidently.

We identified a small number of occasions where access to nurse call systems could be improved to support individual needs. Strengthening this would help people feel more confident and supported, and management agreed to address this.

Areas for improvement

1. To further enhance people's comfort and quality of life, the service should continue to strengthen arrangements for cleanliness and ensure that furnishings and environmental features are maintained in a condition that supports effective cleaning and ongoing use.

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).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, as strengths only just outweighed weaknesses.

Personal plans were generally person-centred and included information about people's backgrounds, interests, preferences, and daily routines. Plans described people's care and support needs and helped staff understand what was important to each person. People's needs were assessed using a range of tools, including relevant risk assessments, which were reviewed and updated when needs changed. This supported ongoing assessment and informed care delivery. There was good evidence of multi-disciplinary involvement, with input from health and social care professionals where required. Anticipatory care plans were in place, supporting planning for changes in health and future needs.

However, the quality and consistency of personal planning varied. Some care plans were very detailed but the intended outcomes were not always clear and repeated information sometimes reduced clarity about individual needs. There were a few areas where information could be clearer and completed assessments and observations were not always reflected consistently across care records.

Daily recording was not always consistent. Gaps were noted in key areas, such as oral care, pressure relief, and meal recording. In some cases, the timing of entries did not clearly reflect when care was provided, which limited assurance that people's needs were being fully met throughout the day. Completed assessments and observations were not always reflected consistently across all parts of the care records. This made it more difficult to clearly see how information had been used to inform care delivery and review over time (see area for improvement 1).

Six-monthly care reviews were completed, supporting regular reflection on people's experiences and ensuring care plans were reviewed and updated as people's needs, wishes, and circumstances changed. This provided structured opportunities to review whether care remained appropriate and responsive.

Areas for improvement

1. To ensure people receive care that consistently reflects their individual needs, wishes, and outcomes, the service should improve the quality and consistency of personal plans and daily records. Care plans should be accurate, up to date, and focused on outcomes, with clear links between assessments, observations, and daily notes. Recording should reliably evidence when care has been provided, particularly in key areas such as nutrition, repositioning, and personal care.

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).

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
4.2 The setting promotes people's independence	4 - Good
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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Care Inspectorate
Compass House
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