

Glencairn House Care Home Service

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Auchterarder
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Telephone: 01764 662 568

Type of inspection:
Unannounced

Completed on:
8 April 2026

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; most 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 7 and 8 April 2026. The inspection was carried out by one inspector 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 six people using the service and one family member
- Spoke with seven staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- People experiencing care benefitted from regular health screening and visits from health professionals.
- The service had sustained previous quality improvements made, however, needed to make further improvements to the recording of topical medicines.
- Staff felt supported by the leadership team and said they had good direction and clear instruction.
- Care and support planning consistently informed the care and support people experienced.

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 well is our care and support planned?	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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experiencing care benefitted from regular health screening and risk assessments. Staff used the information gained in health assessments to plan people's care and support and referred them to health professionals when needed. A range of healthcare professionals regularly visited the home. This meant people living in the service benefitted from access to community healthcare and treatment from competent trained practitioners, including prevention and early detection interventions.

The service promoted a person-centred approach to managing and preventing falls and fractures. People were encouraged to move as much as they were able to. Staff were patient and kind when supporting people to move and worked to each person's capabilities. There were signs around the home displaying exercises people could practice. These signs were placed above a handrail so people could hold the rail as they exercised and were a good way of reminding people to move regularly. Although there was no activity coordinator at the time of the inspection, staff worked hard to encourage people to take part in fun activities which encouraged movement. One person said: "Sometimes I go out on the trishaws; you need to get wrapped up warm." and another said: "Today we were throwing balls." As a result, people's wellbeing, mobility and confidence were enhanced.

The service managed palliative and end of life care in line with the person and their family's needs and wishes. Staff involved family members and proxy decision-makers, such as welfare attorneys or guardians when the person experiencing care was not able to make decisions in relation to end of life care. One family member said: "Communication is good; they keep us informed always." We discussed with the leadership team the benefit of gathering more personalised information about people's needs and preferences to further anticipate their care and support at this time in life. We will review this at a future inspection.

There was a safe and effective process to manage medication. Protocols were in place for those who were prescribed 'as required' medication. Staff followed legal processes in relation to administering medicines covertly. Apart from one instruction, it was clear to staff when and where to apply topical medicines. The service needed to make further improvements to the recording of topical medicines as it was not always clear when a cream or ointment had been applied. The leadership team were aware of this and were working with staff to embed previous improvements made to this area. We will review this at the next inspection.

People benefitted from a tasty and varied diet. There were lots of fresh fruit and vegetables available. People had access to drinks and snacks; one person said: "I can get a snack if I want and they are always coming round with cups of tea." People enjoyed their meals in a relaxed, unhurried atmosphere. Staff were attentive and anticipated people's needs. Staff gently encouraged people to eat and offered an alternative when people were not keen on their meal. This meant people who needed help with eating and drinking, were supported in a dignified way and their personal preferences were respected.

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.

There were systems in place to monitor aspects of service delivery. Staff evaluated people's experiences routinely and people experiencing care had the opportunity to discuss their care and support at regular meetings. The leadership team had put processes in place to audit and monitor people's experiences. Staff felt they had direction and clear instruction which improved their confidence. One staff member said: "Everything is written down so it is clear what the manager wants us to do." And another said: "The manager sets targets and expects us to get there. I used to be terrified but now there are loads of audits and observations of staff practice. It is good learning and development for me." Observations of staff practice were regularly undertaken to assess learning and competence. The leadership team said they intended to further increase the amount of observations they were doing and include hand hygiene observations for direct care staff. The leadership team followed up on any actions identified from completed audits which helped to drive improvement of care delivery.

The service should empower others to become involved in quality assurance systems and activities. Some progress had been made towards this with the recent introduction of a new process for staff supervision where senior staff had responsibility for supervising allocated staff. The senior housekeeper was responsible for organising staff meetings and supervisions and auditing infection prevention and control processes. We discussed the need to further involve the staff team in quality assurance systems and activities to promote responsibility and accountability. We asked the leadership team to consider how they might also involve people living in the service and visitors to promote a spirit of partnership and will review this at a future inspection.

The service did not have a comprehensive improvement plan in place which was based on self-evaluation and feedback received. The leadership team had an action plan they were working to, which was developed following a contract monitoring visit. We discussed the benefit of having a high-level service improvement plan to further drive quality improvement and directed the team to tools to help them achieve this. The leadership team were keen to put this in place and we will review this at the next inspection.

The leadership team had made a lot of positive progress in the last year and were keen to use their success as a catalyst to implement further improvements. While further improvements were needed, we were assured they were working dynamically to continually assess service delivery with the aim of improving people's health and wellbeing.

How well is our care and support planned?**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 benefitted from care and support planning which consistently informed the care and support they experienced. Personal plans were used to inform staff practice and approaches to care and support. They were organised well and it was easy to find information about recommendations made by visiting professionals. Personal plans were focused on achieving outcomes that were important to people. All appropriate legal documents were in place, signed and dated which made rights and responsibilities very clear. People had good social and family histories recorded which gave a good sense of the person. This was especially important to help newer and temporary staff get to know people living in the service so they could anticipate issues and plan for any known vulnerability or frailty.

The service should improve the process around reviewing personal plans. Staff reviewed people's personal plans as part of a 'resident of the day' process. While this usually worked well, one personal plan, scheduled to be reviewed monthly, had not been formally reviewed for two months. Entries had been made to some care plans within the personal plan so we were assured staff were updating some aspects of care, however the service was unable to demonstrate the entire personal plan remained relevant. We asked the leadership team to consider how they could ensure all aspects of all personal plans were being reviewed as scheduled and will review this at the next inspection.

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 service should consider implementing accessible Wi-Fi in the home to ensure people can access the internet when they need to. This will be of benefit particularly to those who use smart devices.

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

'If I experience 24-hour care, I am connected, including access to a telephone, radio, TV and the internet' (HSCS 5.10).

This area for improvement was made on 24 July 2025.

Action taken since then

The service had made some improvements to the Wi-Fi availability and some areas of the home had reliable internet connectivity. Other areas of the home, particularly in the older building, did not have access to Wi-Fi.

The leadership team were keen to make further improvements to improve the availability of Wi-Fi for all.

We will review this area for improvement again at a future inspection.

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
1.3 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 well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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