Glenfairn House Nursing Home
Care Home Service

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Ayr
KA7 2UX

Telephone: 01292 610 770

Type of inspection:
Unannounced

Completed on:
5 March 2026

Service provided by:
Glenfairn Limited

Service provider number:
SP2003000269

Service no:
CS2003001322

About the service

Glenfairn House Nursing Home is registered to provide a care home service for up to 65 older people. At the time of inspection there were 54 people living in the home. Four rooms were deliberately being kept empty to allow for people to move during their rooms being decorated.

The service is operated by Gate Healthcare Ltd, part of Sanctuary Care Ltd. The home is situated near Ayr town centre and comprises a detached stone building with a modern extension to the side and rear.

Accommodation is provided in single bedrooms, many of which benefit from ensuite facilities. The service offers a selection of lounges and dining areas, along with large, well maintained garden areas, accessible to residents and visitors. Glenfairn House provides residential, nursing, dementia, and palliative care.

The provider was undertaking a significant programme of refurbishment and redecoration to improve and update the environment.

About the inspection

This was an unannounced inspection which took place on 26, 27, 29 February. The inspection was carried out by three 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 20 people using the service and four of their relatives
- Spoke with 15 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- All five areas for improvement had been met.
- Staff responded promptly to changes in health, ensuring timely medical intervention and effective multi disciplinary involvement.
- Medication management was safe, well audited, and supported by staff training and competency checks.
- People experienced high quality nutritional support, delivered in a calm, respectful dining environment that promoted dignity and independence.
- The service supported strong relationships, community links, and meaningful activity, with good involvement of families and relatives.
- Infection prevention and control practices were very effective, with strong leadership.
- The environment was clean, safe, and well maintained, with only minor areas needing improved.
- Ongoing refurbishment and provider investment resulted in significant environmental improvements.
- Noise from the call alarm system was intrusive, and action was taken to introduce a paging system.

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?	5 - Very Good
How good is our setting?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Sampled care plans showed a satisfactory level of detail, with information clearly presented and relevant to each person's needs.

Risk assessments were in place and reviewed monthly. Personal histories were well recorded, supporting person centred planning. Legal status was documented appropriately such as Guardianships, and six-monthly reviews were completed with families or Power of Attorney holders.

There was clear attention to individuals' physical, emotional, and behavioural needs. Staff identified health indicators such as changes in skin temperature, mouth condition, and swallowing concerns, and escalated these promptly to senior staff. When individuals experienced sudden changes in their health or deterioration, medical intervention was sought promptly and appropriately. This ensured that people received timely support that promoted and protected their wellbeing,

Falls were reported correctly, and appropriate post fall actions were taken. The Health and Social Care Partnership (HSCP) remained involved and supported the service with Occupational Therapy input and staff training. Skin integrity issues were managed appropriately, with wound care discussed daily at flash meetings to support close monitoring. Staff were described as confident, knowledgeable, and consistent in following advice from other visiting professionals.

Medication management was well organised. Medicines were stored securely, administered safely, and monitored. Senior staff audited consistently, ensuring timely re-ordering and prompt action on any discrepancies. People were supported in a way that promoted dignity and choice. Ongoing training and competency checks supported best practice and improvements.

Stress and distress support plans were clear and up to date. They detailed known triggers, typical behaviours, and appropriate staff responses, including the use of monitoring charts, space giving, and staff rotation. This aligned well with positive behaviour support approaches.
The service demonstrated several strengths in supporting residents' nutrition and hydration.

Staff had a clear understanding of who required food and fluid monitoring, and tracking was carried out with good awareness and consistency. During observations, residents were provided with drinks, and adapted equipment, such as two handled cups was used appropriately to promote independence and safety.

Texture modified meals were available and presented in line with individual needs, and meals served in rooms were covered appropriately, supporting dignity and good food hygiene.

There was generally calm atmosphere in the dining area, and residents were supported respectfully throughout the mealtime. The provision of early morning options such as toast, cereal, and hot drinks by night staff helped ensure early risers had choice and access to breakfast before hot options became available. This demonstrated flexible and responsive practice and showed progress against a previously identified area for improvement.

People and relatives spoke positively about the staff and care received such as Staff are all amazing", "It's good here", "Staff are all so lovely", "It's good here, staff are helpful", "Staff spoil me and run after me here", " They are like family to me", "The staff often make me laugh. On occasions they can take a while to get to me".

1.4

People benefited from a culture that placed strong value on relationships, connection, and maintaining what mattered to them. Staff understood each person's preferred routines for communication and visiting, and this was reflected clearly in personal plans. As a result, people enjoyed contact that was individual to them and met their outcomes.

The layout of the home lent itself well to people being able to spend quality and private time in a variety of comfortable spaces throughout the home".

Some strong community links were evident through engagement with local schools and colleges, animal assisted visits, art events, support groups, and shared social initiatives with other homes. Family involvement was encouraged through newsletters, a suggestions box, and a closed Facebook group. The service fully embedded the principles of Open with Care and Anne's Law in everyday practice.

Self evaluation involving a resident and relative ambassador demonstrated a clear commitment to further improving intergenerational work, outdoor activities, and dementia inclusive communication. Activity records showed staff considered individual preferences, and the overall programme supported connection, enjoyment, and person-centred experiences.

A few people and their relatives shared suggestions for activities they would like the service to explore and re-instate. We passed these ideas to the manager who will remind people and staff they have direct access to the manager and relative ambassador for any suggestions.

1.5

The service demonstrated very effective infection prevention and control (IPC) practices, which supported people to live in a clean, safe, and comfortable environment. Regular audits were completed and actions followed up promptly, meaning infection risks were well managed and people experienced minimal disruption to their daily lives.

Staff had completed all required IPC training and competencies, ensuring people were supported by a team who applied best practice regularly. The environment was mostly clean, well maintained, and free from clutter, promoting people's safety, and independence.
The layout of the home lent itself well to people spending quality and private time in various comfortable spaces. A few minor areas required more attention to detail, but the manager acted on these quickly to maintain high standards.

The environment was generally clean, well maintained, and free from clutter, which supported people's safety and independence. However, some areas highlighted to staff needed greater attention to detail to ensure the environment consistently promotes people's health and wellbeing.

Strong IPC leadership contributed to over a year with no outbreaks. Overall, IPC practices had a clear, positive impact on people's safety, comfort, and quality of life.

How good is our setting? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff demonstrated a strong commitment to maintaining a clean, tidy and odour free environment, which contributed positively to residents' comfort and quality of life. Bedrooms had been personalised and well presented, reflecting staff awareness of the importance of identity, dignity, and person-centred values.

Most rooms were ensuite, and staff had ensured that all areas were maintained to an acceptable standard. High quality refurbishment work and well-kept gardens indicated that staff took pride in the environment and understood its impact on residents' wellbeing.

Significant investment by the provider had enhanced comfort and safety, and staff demonstrated the skills needed to make effective use of the improved facilities. Lounge furniture was mostly in good condition; however, some items on the ground floor showed staining.

Staff had recognised the need for replacement and incorporated this into ongoing refurbishment planning. Although night staff worked hard to maintain standards, they reported limited access to equipment and cleaning agents during their shift. This had been raised but not fully resolved, indicating a need for clearer communication and support to ensure staff could consistently meet expected standards.

The important environmental improvements included new heating systems, updated kitchen and laundry facilities and major structural upgrades such as roof and boiler replacements. Refurbishment of forty bedrooms had been completed, and staff continued to support residents sensitively as further rooms and corridors were scheduled for work. Effective communication with residents and families during the refurbishment reassurance and partnership.

Noise from the call alarm system had been frequent and loud during the visit, especially at lunchtime when focus and relaxation were needed. Recognising this as intrusive, we raised the issue with the manager, who was willing to escalate the concern and understood its impact on wellbeing. The provider agreed that action was necessary and supported the introduction of a paging system, to reduce unnecessary noise while still ensuring prompt responses.

Maintenance staff worked effectively within systems for fire safety, emergency lighting checks, water safety procedures, and electrical testing. They demonstrated knowledge of safe water systems, including thermostatic mixing valves, and ensured these were used appropriately.

Daily safety checks of alarmed doors and prompt reporting of repairs reflected staff diligence and responsibility. No hazards had been reported, and environmental audit results demonstrated high levels of staff compliance with expected standards.

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 support better outcomes for people linked to their choices and preferences, the service provider should enhance the range and access to meaningful activities throughout the home. This should include but not be limited to developing links with the local community.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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) I can maintain and develop my interests, activities and what matters to me in the way that I like'. (HSCS 2.22)

This area for improvement was made on 30 April 2024.

Action taken since then

Based on the evidence gathered, the service has improved the range and accessibility of meaningful activities, offering regular 1:1 and group engagement, and internal social events. There were Visual displays (although we spoke about tweaking this for people to see better and this was done), an activity board, and involvement from roles such as the resident ambassador to support ongoing engagement. The service has also improved some community links, including the Saturday café, relatives' meetings, and regular family contact. These developments show good progress toward ensuring activities align with people's choices and preferences; however, further work is needed to evidence personalisation and the impact of community connections for each individual.

This area for improvement was met.

Previous area for improvement 2

To ensure that peoples nutrition and hydration needs are effectively supported the provider should do the following - improve the leadership of staff teams at mealtimes;

- Ensure staff are effectively deployed at mealtimes to support people eating in dining rooms and in their bedrooms; and

- Ensure that people who get up early have access to breakfast.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected'. (HSCS 1.34) '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 30 April 2024.

Action taken since then
The staff was sufficient during the observed mealtimes to enhance peoples experience.
The provision of early morning options such as toast, cereal, and hot drinks by night staff helped ensure early risers had choice and access to breakfast before hot options became available. This demonstrated flexible and responsive practice and showed progress against a previously identified area for improvement.

This area for improvement was met

Previous area for improvement 3

To enhance the management of healthcare needs the provider should introduce regular clinical meetings involving nurses and team leaders.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My care and support meets my needs and is right for me'. (HSCS 1.19) 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21)

This area for improvement was made on 30 April 2024.

Action taken since then
Regular clinical risk meetings took place involving nurses and team leaders, improving oversight of key healthcare areas such as falls, wounds, medication errors, and clinical governance.
Information from these meetings is now shared promptly, supporting more consistent monitoring and enabling earlier intervention when risks are identified. This has enhanced communication within the team and improved the overall management of residents' healthcare needs. Continued use of these meetings will help maintain and support sustained improvement.

This area for improvement has been met.

Previous area for improvement 4

To improve connections and communication between people, their families and staff the provider should develop a keyworker system in the home. Staff assigned as keyworkers should have clear guidance regarding their role and responsibilities.

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 1.61) '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 30 April 2024.

Action taken since then
Communication between the home and relatives was very effective. Families felt well-informed and connected to their loved ones' daily lives.

The home shared regular newsletters, complete with photographs and updates, which gave relatives insight into daily routines, events, and achievements. In addition, the home's Facebook page provided updates on activities and celebrations.

Additionally, regular relatives' meetings were held, to help support choice, promote relationships and connections.

Resident ambassador and the relative ambassador role in place .

Keyworkers had been established who understood their role

This area for improvement has been met.

Previous area for improvement 5

To support effective assessment of staff development and provide role models within staff teams the provider should introduce 'champions' across the range of care and support provided in the service.

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)

This area for improvement was made on 30 April 2024.

Action taken since then

Evidence shows that the service has begun strengthening its approach to staff development through clearer clinical supervision structures and improved training opportunities. Leadership roles are becoming more defined, and senior staff are more visible in supporting practice, particularly in areas such as IPC, dining audits, medication, and clinical oversight .

There is clear evidence of designated 'champions' across key areas, and the role is embedded.

This area for improvement has been met

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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