Blanefield Care Home
Care Home Service

105 Glasgow Road
Blanefield
Glasgow
G63 9AL

Telephone: 01360 771 011

Type of inspection:
Unannounced

Completed on:
30 April 2026

Service provided by:
Blanefield Care Limited

Service provider number:
SP2011011677

Service no:
CS2011300477

About the service

Blanefield House Care Home is registered to provide a care service for a maximum of 39 older people, some of whom may have dementia. This includes a maximum of five respite places. The home is a traditional building on the outskirts of the village of Blanefield. The home is spread over two floors, with lift access to the upper floor. All rooms have en-suite toilet and shower facilities.

The home has its own manager, nursing staff on site 24 hours a day, senior carers, and a team of care staff. Other staff include activity coordinators and care hosts, who provide assistance to people at some meal times. At the time of this inspection 37 people were staying in the home.

The home registered with the Care Inspectorate on 01 November 2011.

About the inspection

This was an unannounced inspection which took place on 28 and 29 April 2026 between the hours of 9:15am and 21:00pm. The inspection was carried out by one inspector from the Care Inspectorate and with the support of an inspection volunteer. 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 nine people using the service and six of their family members
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- consulted with three visiting professionals
- reviewed survey results from two relatives and three members of staff

Key messages

The home were meeting people's health and wellbeing outcomes to a very good standard. Feedback from people, relatives and external professionals was very positive.

Quality assurance and improvement was regularly taking place and identifying themes although some actions could have been more clearly recorded.

We have repeated one outstanding area for improvement relating to mealtimes and one relating to dementia best practice guidance.

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 leadership?	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? 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.

During the time we spent at the service, the atmosphere was welcoming, with a nice buzz around the communal areas. We witnessed interactions that were warm and positive, clearly demonstrating that staff knew people well. There were no obtrusive smells and the home was clean, with domestic staff being visible across the home and an effective laundry system in place. Buzzer calls were answered promptly and staff were available to support when required. We were told that there was an open door policy and that any feedback was acted upon promptly.

The people that lived there told us, 'We're well looked after', 'I'm happy here' and 'The staff are great'. Relatives that we spoke to commented, 'Can't praise this place enough', 'Carers are exceptional' and 'Would absolutely recommend'. Activities staff were in place to promote meaningful engagement and there was evidence of many beneficial events and outings. All staff were seen to be attentive and involved in promoting people's health and wellbeing.

Our inspection did find that the mealtime experience would benefit from additional consideration and we have repeated a previous area for improvement relating to this.

(See Outstanding areas for improvement later in this report).

The care plans that we sampled were detailed and up to date, providing a very good account of what support should be provided by staff. Medication administration records were recorded well and any health needs were promptly actioned. Routine monitoring was in place covering all relevant areas from weight loss through to skin integrity. We received very positive feedback from three external professionals with regards to outcomes for people living at the home. We were assured that people were given the appropriate enabling support with their health and wellbeing. This support was being delivered in a person-centred way.

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.

Quality assurance checks were taking place routinely at the home and these were picking up areas that required some additional input. Although issues were being identified within these checks, there was not always a clear evidence trail of actions that had been taken. We found the management team to be responsive to our suggestions and they gave assurances that documentation would be strengthened. We have repeated one area for improvement relating to following up on an environmental audit that had taken place.

(See Outstanding areas for improvement later in this report).

The service had a development plan in place and used this to identify improvements they had planned. People's dependency levels were regularly checked and used to inform staffing levels across the home. Although there was some agency staff usage the home preferred to use familiar agency staff. We observed a thorough handover to agency staff where detailed records were printed off and explained further to ensure understanding of people's needs.

Staff we met were positive about their roles and some senior staff had been given additional responsibility within the areas they were responsible for. Training statistics across the team were high and supervision sessions were in place for staff. Care staff were trained to an appropriate level of dementia training and we witnessed positive interventions from staff over the course of our inspection. Management overviews were effective and we could match events at the home against notifications that they had made to us. We could see that quality assurance and improvement was led at a good standard.

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 ensure opportunities to discuss clinical needs in the home are maximised, the provider should hold planned and regular meetings with clinical staff in the home.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)
And
'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 12 August 2025.

Action taken since then

The home had established regular clinical meetings for senior staff to review key health themes across the home. These covered a range of topics ranging from dependency levels to medication and nutrition. Actions that had been identified were clearly recorded and actioned in a timely manner.

This area for improvement has been met.

Previous area for improvement 2

To ensure people have a consistent meal time experience, the provider should observe meal times at various times, both when care hosts are present and when they are not. They should use intelligence from these activities to create an improvement plan around meal times.

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

'My needs are met by the right number of people' (HSCS 3.15)
And
'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 12 August 2025.

Action taken since then

The service had undertaken some mealtime audits but these were mostly based around lunch when care hosts were in place. We felt there were missed opportunities for the service to explore breakfast and dinner experiences for people. Some audits had picked up repeated themes, but it was not clear how the service planned to action these. The service should undertake further review of food options and enable people to choose from a varied menu. There was evidence of meal choice for some people living at the home but the home should widen this further. We also received some feedback that menu choices for modified diets could benefit from additional consideration. This included the ongoing need to source specialised training in modified diets and nutrition.

This area for improvement has not been met and will be repeated.

Previous area for improvement 3

To ensure respite is well organised and does not impact on people living in the home, the provider should establish clear guidance around respite planning and procedures.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19)
And
'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 12 August 2025.

Action taken since then

A clear respite admission policy had been developed and gave consideration to impact on long-term residents living at the home. Guidance was in place for procedures that should be followed.

This area for improvement has been met.

Previous area for improvement 4

To ensure people continue to benefit from high quality facilities that meet their needs and wishes, the provider should implement an ongoing environmental improvement plan that is informed by current best practice guidance around living with dementia.

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)

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 12 August 2025.

Action taken since then

The home had undertaken an environmental audit using the best practice guidance and had added the findings to their development plan. However, the identified actions had not yet been completed and the plan did not have clear timescales for when these actions were planned to be put in place.

This area for improvement has not been met and will be repeated.

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

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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