Glencorse Care Home
Care Home Service

Meikle Drive
Penicuik
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Telephone: 01968 620 446

Type of inspection:
Unannounced

Completed on:
22 October 2026

Service provided by:
Glencorse Care (Opco) Limited

Service provider number:
SP2025000093

Service no:
CS2025000434

About the service

Glencorse Care Home is a care home for older people, situated in a residential area of Penicuik. It is registered to provide a care service to a maximum of 54 people over the age of 65 years. The provider is Glencorse Care (Opco) limited.

The home is set within its own well-maintained, landscaped grounds with ample parking. Accommodation is provided over three floors with upper levels accessed by lifts or stairs. The home is split into five units, all of which have their own communal lounges, dining areas, toilet and bathing facilities. All bedrooms have en-suite shower facilities. Additional amenities include a reception area with café, a cinema, a hairdresser, quiet lounges and a bar/dining area for private dining and celebrations.

At the time of the inspection, 29 people were living at Glencorse Care Home.

About the inspection

This was an unannounced inspection which took place on 20, 21 and 22 October 2026 between 08:30 and 17:45.

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 seven people living in the home and four of their relatives.
- observed practice and daily life.
- spoke with two visiting professionals.
- considered questionnaire responses from nine relatives, 11 staff and one visiting professional.
- spoke with staff and management.
- reviewed documentation.

Key messages

- Staff shared positive and warm relationships with people, taking time to engage with and listen to people.
- People had access to a varied programme of stimulating activities which contributed positively to people's wellbeing.
- There were clear processes in place for assessing, recording and monitoring individuals' health and wellbeing.
- Medication processes were well managed and people could be confident that they were supported safely with their medication needs.
- Leaders demonstrated a proactive approach to learning, improvement, and effective quality assurance. There was a strong focus on improving people's quality of life.
- Staffing levels were continually reviewed and adjusted to ensure support was safe, responsive, and effective.
- The home environment was bright, comfortable and safe. People had access to a variety of private and communal spaces which were easy to navigate, supporting independence and opportunities for social engagement.
- Individualised personal plans gave staff key information to support people to achieve their desired outcomes. They included how people made decisions, which helped staff understand what was important in their lives.

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?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	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.

Staff shared extremely positive and warm relationships with people, consistently engaging with an attentive, respectful and compassionate approach. They took time to talk to people, listening and checking their preferences, and provided support to suit each individual person. People and their relatives described staff as 'very, very nice', 'lovely' and 'exceptional'. One family member said staff were 'dedicated to making people comfortable and safe'. These warm and trusting relationships contributed to a strong sense of wellbeing within the home.

Staff were skilled and worked together effectively when people were anxious and needed reassurance. We observed staff communicating well and using redirection, whilst ensuring people were listened to and offered comfort. This meant individuals experiencing stress and distress, and those around them felt safe, secure and reassured.

People had access to a varied programme of activities on most days. Daily films were shown in the cinema, the café was used for crafts and food-based activities and one to one time was available for those who preferred time on their own. Individuals were meaningfully involved in developing areas of the garden. Overall, activities were well attended and the stimulation contributed positively to people's physical and mental wellbeing.

There were clear processes in place for assessing, recording and monitoring individuals' health and wellbeing. Records indicated that people received consistent support around everyday needs such as bathing/showering and oral care. People were encouraged to eat and drink well to promote good skin integrity. Clinical issues were discussed by senior and nursing staff in weekly meetings. Clear and timely communication with external healthcare professionals meant people had prompt access to the treatment they needed. People could be confident they were receiving the right healthcare from the appropriate professionals.

Medication processes were well managed. Prescribed medicines were stored and administered safely with accurate records maintained. Protocols for 'as required' medicines were in place and up to date. Body maps were used to indicate the application of topical medication to ensure they were applied correctly. People could be confident that they were supported safely with their medication needs.

People experienced mealtimes in an unrushed manner, with choice offered and meals served promptly. The dining room created a pleasant environment and an opportunity for people to eat socially with others. One-to-one support was provided when needed and good attention was given to ensuring people's specialist dietary needs were met. Alternatives to the main menu were available on request. Snacks and drinks were offered throughout the day and fresh fruit was accessible in the dining area. People could be confident of having good support around food and drink.

How good is our leadership? 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.

A range of quality assurance processes were implemented and used effectively to identify areas for improvement. Audits included checks of people's dining experiences, health conditions and infection, prevention and control (IPC). Clear action plans were developed and reviewed, demonstrating effective improvements in service delivery. Leaders demonstrated a proactive approach to ensure best outcomes for people.

Managers had a high presence within the home and effective oversight of all aspects of the service. They met regularly with heads of department to review matters of quality and safety. The meetings supported shared accountability and good multidisciplinary working, helping ensure people experienced high quality care and support.

The provider had recently completed a self-assessment, which gave a clear overview of what was working well and where further improvements were needed. The self-assessment demonstrated many key principles of best practice such as promoting individuals' involvement in decision making and influencing service development. One notable example was the inclusion of people on interview panels when recruiting new staff.

Leaders maintained a strong focus on continuous improvement. The service improvement plan reflected a clear quality assurance framework in which issues identified through audits were addressed. Key strengths of the plan included a focus on promoting person-centred outcomes, embedding positive change and nurturing a culture of innovation. Several areas for development looked beyond compliance, to focus on improving the quality of life for people living in the home.

How good is our staff team? 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.

The manager reviewed staffing levels on a weekly basis to ensure an appropriate number and skill mix of staff were deployed to meet people's assessed and changing needs. In addition to direct care and support requirements, other factors that could impact staffing arrangements were considered. This included responsibilities for organising and chairing care review meetings, liaising with external professionals, and attending training and development activities.

In assessing staffing levels, the manager considered the home environment, accidents and incidents, and feedback from people living in the home. Staff felt supported by their seniors and did not feel rushed whilst providing people with the care and support they needed.

The ongoing review and adjustment of staffing resources helped to ensure staffing arrangements remained safe, responsive, and effective.

Care staff were supported well by other teams including activities, kitchen and housekeeping. New staff completed a thorough induction programme, supported by comprehensive training and opportunities for learning and development within their role. All staff were clear about their roles and worked well together, remaining flexible to change to ensure support was consistent and stable.

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.

The home environment was bright, comfortable and fresh. The layout of the home and quality of fixtures and furnishings supported people to move around safely. The cinema and café were well used, offering opportunities to connect and socialise with others. Smaller, quieter spaces could be accessed for those who preferred a more peaceful environment. People could access communal areas with ease, promoting independence and social interaction.

People's bedrooms offered privacy when needed and were equipped with en-suite shower facilities. People were encouraged to personalise their bedrooms and living spaces with their own belongings, photographs and meaningful items. This helped promote choice, identity and a sense of belonging.

The home was exceptionally clean and staff responsible for housekeeping were highly visible across the service. People and their relatives commented on the high standards of cleanliness within the home, with one relative speaking about the spotless condition of communal areas and bedrooms. Staff were familiar with infection prevention and control (IPC) measures, including the safe management of equipment.

The service had introduced a project to develop the garden in collaboration with a local nursery. People were meaningfully involved in designing areas of the garden with others. Plans were in place to adapt the garden for year-round activity, including sheltered seating and the use of blankets and umbrellas. This supported everyday access to outdoor activity, fresh air and social interaction.

The laundry was well organised, clean and appropriately equipped to meet people's needs. There were no current concerns regarding lost belongings, and we saw an effective clothing identification and tagging system in place. This ensured staff could easily identify and return items to the correct person.

We made a suggestion regarding infection prevention and control (IPC) arrangements, as the laundry has two access doors which were not clearly designated. The manager responded to this feedback and took immediate action to clearly identify entry and exit points. The clear signage put in place supported safer workflow practices and reduced the potential risk of cross-contamination. The manager's prompt action demonstrated a proactive approach to continuous improvement and responsiveness to feedback.

A range of health and safety documentation was in place, giving reassurances that the home was safe and well-maintained. This included evidence of regular checks of the full environment, including fire safety, moving and assisting equipment and water quality. These demonstrated a strong commitment to compliance and risk management, supporting a safe and well-maintained setting for people living, working, and visiting the home.

How well is our care and support planned? 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.

Each person had an individualised personal plan which gave staff the key information they needed to support people to achieve their desired outcomes. The plans included wide ranging details about each

person, reflecting their unique needs and preferences. Plans were regularly updated, which meant people could be confident that staff had the right guidance to deliver care and support in line with each person's wishes.

Information about people's histories, families, and how they communicated and made decisions helped staff understand what was important in their lives. Risks were assessed with effective measures outlined for staff to follow to help people stay safe.

Personal plans were written in a sensitive and respectful way, supporting and protecting people's dignity and rights. Where people had additional needs, such as stress and distress, there was clear guidance for staff. This helped ensure interactions were supportive and consistent, providing safety and stability for people in a shared environment. Anticipatory care plans were in place, reflecting individual's wishes for future care. This meant staff were familiar with people's preferences if they experienced significant changes in their healthcare needs.

People using the service were empowered to have meaningful input into reviewing their own support. Where people were not able to fully express their wishes and preferences, individuals with the legal authority were involved in helping shape and direct people's care and support. We were assured to see measures in place to maximise support to protect and uphold people's rights.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.scot.

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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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