

Whitecraigs Care Home

Care Home Service

24 Stewarton Road
Glasgow
G46 7UZ

Telephone: 01416 210 811

Type of inspection:
Unannounced

Completed on:
5 May 2026

Service provided by:
Renaissance Care (No1) Limited

Service provider number:
SP2011011731

Service no:
CS2016346354

About the service

Whitecraigs Care Home is a purpose built two storey building situated in the Thornliebank area on the south-side of Glasgow. The service is provided by Renaissance Care (No 1) Limited. The home offers accommodation for 58 older people who have been assessed as requiring care and support including nursing care.

The home is of modern design, with individual bedrooms with en-suite facilities. The accommodation is provided over two levels with easy access to a garden area to the rear of the property.

The care home is located beside a main road and is accessible by public transport and the motorway. The home is close to a park, nearby golf course and leisure complex, local shops, and wider community amenities. At the time of the inspection there were 54 people living in Whitecraigs Care Home.

About the inspection

This was an unannounced inspection that took place on 4 May 2026 and 5 May 2026. One inspector carried out the inspection. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, details of registration and complaints, and information submitted by the service throughout the inspection year.

This was a core assurance inspection to provide assurance that better performing services continue to deliver care and support that meets people's needs. It is not a validation of previous evaluations, and no new evaluations (grades) have been awarded.

This inspection is called a core assurance inspection. This is because research tells us that these core assurances are the key areas that are essential to a service being safe. We report on them under the headings: legal assurances; wellbeing; leadership; staffing; the setting and planned care/support.

During this inspection, we confirmed that people continued to receive care that met their needs and protected their safety, wellbeing, and rights. We knew this because we:

- spent time with six people using the service
- received feedback from five relatives/visitors, ten staff and management, and one visiting professional
- reviewed survey responses from twelve people using the service, and two family members
- observed practice and daily life
- sampled relevant documents.

Key messages

Legal assurances

We found the service was operating legally and in line with their conditions of registration, including having the appropriate insurance in place and a range of policies and procedures that promoted good outcomes for people. This meant that people were safe and protected from harm and could have confidence in the organisation providing their care and support.

Wellbeing

People experienced compassionate, dignified care from staff who knew them well and developed warm, trusting relationships. Feedback was consistently positive, with one person stating, "they are so caring, they treat us like family," and another, "I can't ask for any more from them. They are just wonderful," reflecting strong confidence in the service.

Meaningful activities and community engagement supported wellbeing and quality of life however, people who preferred not to join group activities would benefit from more consistent one-to-one engagement. A shared staff approach to meaningful activity was evident, and ongoing self-evaluation would support improvement.

Mealtimes were relaxed and well organised, with staff showing a good awareness of nutritional needs. We highlighted concerns relating to people's positioning and supervision during mealtimes, which managers responded to promptly.

Changes in peoples wellbeing was recognised and responded to. Communication with external professionals was effective, and treatment advice was followed, supporting coordinated and responsive care.

There were systems in place to reduce the risk of transmission of infection. Staff had the necessary skills, training, and competence in infection prevention and control.

Medication was well managed, with good clinical oversight, although as required medication protocols and direction regarding the application of topical applications would benefit from additional clarity. This would promote consistency of practice.

Leadership

A stable and consistent management team demonstrated a clear commitment to improvement, with visible, supportive leadership and positive staff feedback.

A quality assurance framework was in place; however, some improvement areas identified during inspection were not captured, indicating a need to strengthen audits. Where identified, robust action plans supported progress.

Regular engagement with staff, residents, and families informed service development, supported by use of Care Inspectorate self-evaluation tools.

Accident and incident processes were well managed, with effective oversight, learning, and actions to

reduce recurrence.

Complaints were managed well. People felt able to raise concerns, received timely responses, and feedback informed improvements in practice and outcomes.

Staffing

Staffing levels were sufficient to meet peoples needs.

People benefitted from a compassionate and competent staff team who knew them well. A stable team with low turnover supported consistency for people.

Safer recruitment processes were followed, and staff received a thorough induction with regular review, supporting competence and confidence in their roles.

Staff demonstrated good knowledge and skills, with clear management oversight of training and development. Regular supervision and open communication supported reflection, with staff reporting they felt valued, supported, and satisfied in their roles.

Setting

Maintenance checks were in place with management oversight. While refurbishment was ongoing with a planned approach to improvement, this did not fully align with inspection findings. We asked that plans for bath and shower room improvements be reviewed with the provider.

People could choose where to spend their time, supporting independence. Bedrooms were personalised, with clear signage to aid orientation.

Some cleanliness issues were identified during the inspection and were addressed promptly by management.

The home had a safe garden with plans for further improvement. Although accessible, it was underused; increased encouragement and support to access outdoor space would enhance peoples wellbeing.

Planned care/support

We found that effective communication between staff and leaders, alongside structured handover arrangements, supported a clear and consistent understanding of people's changing needs.

Recognised assessment tools were used to inform personal plans. Plans were person centred, with involvement from people, and clearly outlined needs, preferences, and risk management strategies to support safe and effective care. Regular evaluations of personal plans helped ensure people benefited from their planned care interventions.

Appropriate legal documentation was in place where needed, this helped ensure peoples wishes were followed.

Daily notes gave good information about care and support experienced. However, recording of food and fluids, bowel care, and personal care required strengthening; plans were in place to improve oversight and consistency of record keeping.

Complaints

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

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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