

## Redwood House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
14 October 2025

**Service provided by:**  
Redwood House (Broughty Ferry)  
Limited

**Service provider number:**  
SP2023000432

**Service no:**  
CS2023000423

## About the service

Redwood House is a care home for older people, located in the Broughty Ferry area of Dundee. The home provides long-term and respite care for older people. It does not provide nursing care.

There are 28 single bedrooms, all with en-suite toilet facilities. Most of these rooms are in the newer part of the building, with a small number in the traditional part of the building, which also has a spacious lounge and two dining areas. Full disabled access and landscaped gardens are provided.

The provider's philosophy states: 'We strive to create settings where residents' individuality is acknowledged, where privacy and dignity are respected, where residents can feel safe and secure.'

The service re-registered under a new provider on 13 December 2023 and is registered for a maximum of 28 older people. There were 25 residents at the time of inspection.

## About the inspection

This was an unannounced inspection which took place on 6 and 7 October 2025, between the hours of 0920 and 1620 hours. The inspection was carried out by two inspectors from the Care Inspectorate. Another inspector attended as part of their induction training.

To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Discussed care practice and support provided with people and their relatives, and staff members.
- Spoke with four people using the service.
- Spoke with four family members/representatives of people using the service.
- Spoke with nine staff and management.
- Received feedback through care standards questionnaires from eight relatives of people using the service, four staff members, and six external professionals.
- Observed care practice and daily life.
- Reviewed documents.

Most people indicated that they were happy with the care and support provided, and were positive about the staff and management of the service.

## Key messages

- People were treated with respect by the staff team, who made some efforts to engage people in games and conversations.
- The service was trying to recruit an activities coordinator, which would help improve physical exercise and social engagement. Nevertheless, other staff need to ensure that they are routinely involved in providing activities.
- Clinical oversight of the home was in place, and there was evidence of prompt referral to health professionals.
- There had been changes in management since the start of 2025 and this had impacted on management oversight. However, there were signs that this had started to improve.
- The service was actively recruiting staff across direct care, activities, catering, cleaning, and maintenance functions.
- The service continued to work through its environmental improvement plan.
- Care plans were generally of a good standard. Plans were regularly reviewed, with more in-depth review and evaluation completed every six months. Some of these reviews were, however, slightly overdue.
- Some charts and paperwork to support people's skin care was inconsistently completed and difficult to assess. An area for improvement has been made regarding this.

## 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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	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. Improvements are required to maximise wellbeing and ensure consistently positive outcomes.

People were treated with respect by the staff team who supported them. This included members of the domestic, catering and maintenance team, who all took time to engage with those living in the service. This created a positive, homely environment. Relatives felt confident in the service, describing staff as 'excellent' and 'great'. They commented on how organised things seemed to be and how good communication was.

Mealtimes were calm and efficient. People pre-ordered meals a short time ahead, allowing for a smooth service. Where modified or specialised diets were required these were provided discretely. Information held by the catering team was clear and precise. This gave confidence that nutrition was considered in accordance with people's needs. During the day there were various hot and cold drinks offered and snacks provided. Fresh fruit was available and people were seen to enjoy home baking. The service could, however, consider the access to food and drinks during the day, in order to promote people's independence and movement.

The service did not have an activities coordinator employed at the time of the inspection. Although staff made some efforts to engage people in some games and conversations, it was not evident that all people were experiencing a fully meaningful day. Opportunities to visit the local community were very limited, unless family members were available. This meant that people's social and psychological needs were not fully supported. Opportunities to promote movement and maintain skills were missed. See area for improvement 1.

Clinical oversight of the home was in place, and there was evidence to show prompt referral to a variety of health professionals when necessary. Medication management was robust and a previous area for improvement regarding medication has been met. People's health needs were well highlighted in their care plans and staff had good knowledge about how these affected them day to day. A return to regular daily meetings would allow clinical risks to be frequently discussed but we saw that monthly action plans were being developed from the clinical data, which gave some reassurance.

Overall, we were confident that people's basic needs were being met in a safe and homely environment. Recruitment of new staff, including a dedicated activity person, was underway. The manager and senior organisational managers were aware of the issues which we raised and were taking steps to resolve them.

### Areas for improvement

1. In order that people experience good outcomes and quality of life, the service provider should ensure people are supported to spend their time in ways that are meaningful and meet their social and psychological needs. The provider should also consider the need to promote mobility and independence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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) and 'If I live in a care home, I can use a private garden' (HSCS 5.23).

**How good is our leadership?****3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There had been changes around management within the home since the start of 2025, and this had impacted on the way management oversight had operated. Although managers had been visible and supportive to staff and people living in the home, quality assurance and audit processes had not been used consistently over the last few months. Processes relating to quality assurance and audit are important in helping to ensure that the service can operate properly and that people receive high standards of care and support.

A new manager had recently been appointed, and we saw evidence of forward planning around key areas related to quality assurance and audit. This included daily environment checks and 'flash meetings' with staff representing all departments in the home; implementing care plan audit and review processes; infection prevention and control practice; and, development of the service's improvement plan. These, however, had only recently been re-implemented.

We heard that recent months had been difficult for the service in areas such as recruiting new staff, and managing some people's complex care needs. New staff will need support and time to settle into their roles, and develop confidence in supporting the people they care for.

It was positive to note that the service had carried out significant work on reducing the incidence of falls and that upkeep of the property was subject to routine checks and work by an employed maintenance person.

In the immediate future, the service needs to focus on priorities, such as recruiting staff, observational audits of care practice, and consistent implementation of care-related policies and procedures. We were reassured that the service had plans in place to improve management oversight in the coming weeks and months. In doing this, it will be important to ensure that senior care staff and supervisors are involved in supporting the manager to carry out audit work. This will allow the manager more time to evaluate the service's operations and direct work around service development and improvement.

We saw that the service improvement plan was well-developed, but would benefit from clearer prioritisation of work and identification of planned dates for completion. This would allow the manager to become more proactive and focus on the most important areas for improvement.

Given the lack of consistency around the use of quality assurance systems, the previous area for improvement has not been met and has been restated under this key question. See area for improvement 1.

**Areas for improvement**

1. To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, the provider should ensure that effective quality assurance systems are in place and result in consistent good standards of care and support for people living in the home.

This is to ensure that care and support is consistent with 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).

This area for improvement was made on 23 January 2025 and restated at this inspection, dated 14 October 2025.

## How good is our staff team?

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 told us that staff were kind and caring and we saw that staff knew people well. Staff worked hard to provide a high standard of personal care and this was appreciated by the people who lived in the home.

The service used the 'Depensys' staffing tool to assess staffing needs. This was regularly updated and the manager used their professional knowledge of the home to complement the findings of the staffing tool. Professional knowledge is important when assessing staffing needs as tools do not always capture issues, such as the specifics of people's needs or environmental factors in a service. The findings of the tool and the manager's judgement indicated that people's direct care needs were being met; however, it would be good practice to add information about the manager's views alongside the 'Depensys' tool to clearly evidence findings.

We heard that there could be challenges around staffing, particularly at night; however, the service worked hard to cover any shortages, and used bank and agency staff where needed.

The service was actively recruiting staff across direct care, activities, catering, cleaning, and maintenance functions. Responses to advertising had been variable, but the service was persevering and was hopeful that the relevant posts would be filled. We saw no significant impact on people's direct care needs during our inspection; however, more could be done to support people around physical exercise and social activities. Recruitment of an activities coordinator should help with this, but the service needs to ensure that other staff are routinely involved in providing activities. Physical exercise and social engagement are essential in helping to ensure that people's physical and mental health can be maintained and, where possible, improved.

Safe recruitment practice was followed when recruiting staff and new staff received appropriate induction training. Ongoing training was also available to staff. This was provided online and in-person, and was relevant to the roles that staff were employed to carry out. We saw training in areas such as health and safety, moving and handling, medication administration, nutrition, and dementia awareness.

Staff felt well supported by the manager and senior staff. They also received formal supervision. This, however, had not been consistently provided in recent months. Nevertheless, we saw that plans were in place to deliver regular supervision to all staff. Supervision is important in helping to ensure that staff are competent and confident in carrying out their duties.

## How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home is a large Victorian-style villa with a more modern extension. People had access to internal lifts and a stair lift to allow movement between floors. There was a welcoming atmosphere and the environment was clean and free of obstacles.

People's rooms had ensuite toilets and could be furnished and decorated according to personal choice. Two assisted bathrooms and a newly refurbished shower room were provided for people to use.

There was sufficient space to socialise with access to pleasant lounge and dining areas. Unfortunately, at the time of inspection, there had been a water leak, which meant that part of the lounge and one of the dining areas were out of use. Action was being taken to fix the leak and redecorate the affected areas. The service hoped to have full use of the rooms soon after our inspection.

The service was using the King's Fund Environmental Assessment Tool to review ways in which the home's setting could be improved to better suit the needs of people living with dementia. Although the assessment tool may identify several areas for improvement, in the first instance, implementing clearer signage and better colour schemes should help people find their way around the home with reduced need for assistance. Progress with developments related to the Environmental Assessment Tool will be examined at future inspections.

A pleasant garden was located to the rear of the property; however, it would be good to see this developed to allow more use in poorer weather. This would help support people to have more regular access to outdoor space for fresh air and physical exercise.

Appropriate equipment to support people was provided with suitable maintenance programmes in place. This included routine checks and work by an employed maintenance person. Larger and more specialist work was undertaken by contractors.

Appropriate infection prevention and control procedures were in place; however, we identified improvements that needed to be made to the domestic services rooms on the ground and first floors of the home. These were needed to ensure better management of infection prevention and control. Work to address the concerns was undertaken immediately after our inspection visit.

The service continued to work through its environmental improvement plan, which was issued at the time the service re-registered with the Care Inspectorate under a new provider in December 2023. Further improvements were scheduled but the age and design of the building had an impact on progress with the service's conditions of registration. These works will continue to need further assessment as tasks are completed and/or at future inspections. The previous area for improvement has not been fully met and has been restated under this key question. See area for improvement 1.

## Areas for improvement

1. For people to experience high quality facilities including outdoor space, the provider should continue with planned improvements. Where the provider has assessed specific improvements as not currently feasible, they should provide evidence of how risks are mitigated and implications for staffing addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) standard 5 'I experience a high-quality environment.'

This area for improvement was made on 23 January 2025 and restated at this inspection, dated 14 October 2025.

## 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. Improvements are required to maximise wellbeing and ensure consistent positive outcomes for people.

Care plans were generally of a good standard, containing detail and description about people's individual needs. It was clear that people and their families had been involved in their development. This gave confidence that people's wishes and concerns would be respected and that adequate guidance for staff was available.

Plans were regularly reviewed and more in-depth review and evaluation was completed every six months. Although some of these reviews were slightly overdue, a schedule was in place to ensure that they were completed within a reasonable timescale. Families were involved in the review process and documentation around people's legal powers and arrangements were in place. Further quality assurance of care plans would ensure that the small amount of information which was out of date was identified by the service in a timely manner.

Plans around people's end-of-life care were inconsistent in the level of detail they held. However, when they were detailed, this included very specific information to guide the staff response, and the ways and times at which family members wished to be contacted.

Plans for assisting people with any stress and distress reactions were very detailed and gave a clear guide to how situations should be managed. This gave confidence that people would be treated in a consistent manner and in ways which reduced their distress.

Some charts and paperwork to support people's skin care was inconsistently completed and difficult to assess. Some information was missing and, in general, the documents were not kept to the standard we would expect. This meant that monitoring of the care and support around skin care was difficult and the risk of errors was increased. An area for improvement is made regarding this. See area for improvement 1.

### Areas for improvement

1. The service provider should ensure that supporting care documentation, including charts and daily records, are accurately completed and used to monitor and evaluate care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14); and '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).



## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 1 April 2025 the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

- a) care and support plans include any relevant risk to them that could affect their health and wellbeing
- b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans and assessed at agreed intervals
- c) care and support plans include information on all important care needs and health conditions
- d) that all care documentation is kept up to date and used to evaluate and amend people's care as needed and
- e) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.199)

**This requirement was made on 23 January 2025.**

#### Action taken on previous requirement

Care plans were comprehensive and contained a good level of detail with which to guide care. Risks were clearly identified and risk assessment tools used appropriately. Staff could be clear on the actions which they should take to reduce risk. People's health conditions were outlined within care plans and, where one condition impacted or was affected by another, these were cross-referenced effectively.

The majority of care plans were up to date and regular reviews were evident. The need for further development of documentation is outlined in an area for improvement under Key Question 5: 'How well is our care and support planned?'. The further development of quality assurance, as it applies to care planning, is outlined in an area for improvement under Key Question 2: 'How good is our leadership?'.

Based on our findings, this requirement has been met.

**Met - within timescales**

## 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 people's health and wellbeing and ensure 'as required' medication is benefitting people, the service should ensure that 'as required' medication protocols are in place and provide clear guidance for administration. When these medications are administered it is important that the effectiveness of them is recorded and assessed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 23 January 2025.**

#### Action taken since then

We examined several 'as required' protocols, which were kept alongside people's medication administration record sheets. These covered medicines for relief of pain, constipation, and stress and distress.

Information in the protocols identified likely symptoms and trigger factors, which are important in helping staff identify the need for 'as required' medication and how to use it to best effect. It was positive to note that the effectiveness of 'as required' medication was clearly recorded on medication administration records.

Based on our findings, this area for improvement has been met.

#### Previous area for improvement 2

To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, the provider should ensure that effective quality assurance systems are in place and result in consistent good standards of care and support for people living in the home.

This is to ensure that care and support is consistent with 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)

**This area for improvement was made on 23 January 2025.**

**Action taken since then**

Whilst the service had robust quality assurance systems in place, these had not been used consistently over the past few months. This is likely to have been due to changes in management arrangements. A new manager had recently been appointed and we saw evidence of forward planning around key areas of management oversight and audit.

Given the lack of consistency around the use of quality assurance systems, this area for improvement has not been met and will be restated under Key Question 2: 'How good is our leadership?'. Further discussion around quality assurance and audit can also be found under that key question.

This area for improvement was made on 23 January 2025 and restated at this inspection, dated 14 October 2025.

**Previous area for improvement 3**

For people to experience high quality facilities including outdoor space, the provider should continue with planned improvements. Where the provider has assessed specific improvements as not currently feasible, they should provide evidence of how risks are mitigated and implications for staffing addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) standard 5 'I experience a high-quality environment.'

**This area for improvement was made on 23 January 2025.**

**Action taken since then**

The service continued to work through the environmental improvement plan, which was issued at the time the service re-registered with the Care Inspectorate under a new provider in December 2023.

During this inspection we identified improvements that needed to be made to the domestic services rooms on the ground and first floors of the home. These were needed to ensure better management of infection prevention and control. Work to address these concerns was undertaken immediately after our inspection visit.

On the basis of our findings, this area for improvement has not been met and will be restated under Key Question 4: 'How good is our setting'. Further discussion around the home's environment can also be found under that key question.

This area for improvement was made on 23 January 2025 and restated at this inspection, dated 14 October 2025.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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