

Crosby House Care Home Service

1 May Baird Avenue
Aberdeen
AB25 3BD

Telephone: 01224 358 584

Type of inspection:
Unannounced

Completed on:
29 October 2025

Service provided by:
Aberdeen Association of Social
Service, a company limited by
guarantee, trading as VSA

Service provider number:
SP2003000011

Service no:
CS2011298871

About the service

Crosby House is a VSA (Voluntary Service Aberdeen) care home for older people located in a residential area in the west of Aberdeen City. It has been registered with the Care Inspectorate since 2011.

Crosby House is registered to provide care for up to 40 older people. The home has two floors, and an interesting garden, all of which are available to all people. Each floor has bedrooms with en-suite toilets, shared bathrooms, a sitting area, a dining area and space for meaningful activities.

About the inspection

This was an unannounced follow up inspection which took place on 28 and 29 October 2025. The inspection was carried out by two inspectors from the Care Inspectorate. The inspection focussed on the outstanding requirements and area for improvement made at previous inspections on 27 January 2025 and 27 June 2025. 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 two of their relatives
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

The environment and atmosphere in the home had improved and was now calm, relaxed and free from intrusive noise.

Managers had reviewed the homes staffing arrangements and this was having a positive impact on people living in the service.

People were encouraged to be involved with improvements and developments in the home.

An improved process for quality assurance had been implemented to ensure continuous development in the service.

People's care plans were detailed and the standard of documentation was consistent.

Staff told us they felt happy and well supported by management.

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

Requirements

Requirement 1

By 16 May 2025, the provider must ensure safe and effective support for people.

In order to do this the provider must, at a minimum:

1. Ensure all quality assurance and audit systems are timeously completed
2. Ensure analysis takes place and improvements are identified
3. Ensure all improvement are monitored, via the improvement plan, through to their completion.

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

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).

This requirement was made on 27 January 2025.

Action taken on previous requirement

Considerable work had been completed since our last inspection to engage with all stakeholders, in order to further develop the service improvement plan. When we spoke with staff they told us they were aware of what improvements the service was working towards and had been involved in the plan. People living in the service had also contributed to this plan and were involved in its development. This ensured that the plan remained dynamic and people's opinions were considered. Managers had worked hard to develop an open, transparent culture in the home, where everyone was involved.

Improvement was being tracked via the improvement plan and this was supported by quality assurance checks and audits. The manager had good oversight in all key areas of the home and a clear understanding of what improvements were required, in order to move the service forward. This meant people were benefitting from continuous improvement.

Some audits were being completed but the service was not at the stage where it wanted to be with this. This was due to taking time gaining a baseline of service performance. Outcomes for people did not appear to be negatively impacted at this stage, however, it is important that the service reaches a stage where quality audits and checks are being completed regularly. A comprehensive plan was in place to keep this on track, and following discussion with the manager and senior team, we were reassured and confident that this will be carried out. We will follow this up at our next inspection.

Met - outwith timescales

Requirement 2

By 16 May 2025, the provider must ensure safe and effective support for people is guided by accurate support plans.

In order to do this the provider must, at a minimum:

1. Ensure all support plans are accurate throughout all sections
2. Ensure the same descriptions and language are used to describe people's lives
3. Ensure all documents are in place and easily accessible at the point where they may be required.

This is to comply with Regulation 4(1)(a) and 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

This requirement was made on 27 January 2025.

Action taken on previous requirement

Managers and staff had worked hard to review all care plans since the start of the year. Care plans sampled were detailed and reflected people's current needs.

A new process had been implemented whereby people's keyworkers were involved in personal planning. This meant that people were being supported to compile their care plans with staff who knew them well.

There was good oversight of care plans to ensure compliance, and these had been reviewed as a minimum monthly, or as any changes occurred. This ensured people's care and support needs were met in line with current and accurate information.

The language used within people's plans was clear and consistent. It was easy to get a sense of the person through reading their life story documents and care plans. This ensured the right care and support was being delivered at the right time.

Associated documents such as anticipatory care plans, regulatory reviews and legal documentation was easily accessible alongside people's care plans. This meant that staff were aware who was responsible for residents who lacked capacity, to ensure they were protected, and their rights upheld appropriately.

Met - outwith timescales

Requirement 3

By 29 September 2025, you the provider, must ensure that staffing arrangements are right and that people receive responsive care that meets all of their care needs and enables them to experience meaningful connection. In particular you must ensure that:

- a) Managers carry out a full staffing review to ensure there are enough staff on each floor to meet people's needs.
- b) Managers use a variety of different methods of collecting information to determine/inform staffing arrangements, for example, through observations.
- c) The numbers and skill mix of staff employed are based on an accurate assessment of people's needs and identified areas for potential harm.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

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).

This requirement was made on 27 June 2025.

Action taken on previous requirement

A full staffing review had been carried out since our last inspection, with everyone having been consulted and involved. There had been lots of consultation with people living in the service, with feedback obtained on staffing levels. Staff had also been consulted and told us, 'Every shift I've been on since the changes, I've had time to sit and talk to residents' and 'We were involved in the new staffing and people are now happier and more involved because there's more staff'. Time and motion studies completed had identified busier/quieter times in the day and where staff input was required most.

The outcome of the staffing review had resulted in an increase in staffing levels both on days and nights. An extra staff member had also been allocated each day to direct and participate in meaningful connection. People told us this had made a difference, as staff were now able to spend much more time with them. Staff told us they now felt less stressed and more relaxed. The difference in staffing arrangements was having a positive impact on residents and this was clear to see at the time of our inspection. Staff were much more visible and there was plenty of activities taking place, with lots of fun and laughter.

The service had identified the need for an additional, senior member of staff to cover nightshift hours and are currently recruiting into these positions. We discussed a short term plan meantime, to cover for senior support on nights in order to safeguard people overnight. The manager assured us that team leaders would now be rotating onto nights until suitable candidates had been recruited. We will follow this up at our next inspection.

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 ensure people experience care in an environment that is safe and free from intrusive noise, the provider should ensure all fixtures and fittings are well maintained and seek ways to reduce the negative impact of call bells.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 27 June 2025.

Action taken since then

The environment felt calm and relaxed with a significant difference noted from our last inspection, due to the reduction in noise from buzzers

The buzzer system had been reconfigured to sound in the appropriate unit, rather than the whole home. The system now sounded in all units within a three minute window if not answered. This enabled staff from other unit to help where required

Buzzers were minimal at time of inspection and were being answered timeously. This ensure that people were receiving responsive care

Staff told us the atmosphere was calmer now and more relaxed and this had impacted positively on residents too.

The environment was much more stimulating since our last inspection, with the creation of sensory walls and activity stations around each unit. Some areas of the home had been decorated, and were now more inviting and homely for residents to spend time in the communal areas. Staff were engaging well with residents at time of inspection, and supported them with visits from the therapy dogs, quiz and card games.

The manager told us of a new audit which was being implemented to monitor the buzzer system moving forward.

Relatives told us they had noticed a difference in the environment which was now more homely and inclusive.

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.

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