

Hamewith Lodge Care Home Service

1 Marchburn Drive
Aberdeen
AB16 7NL

Telephone: 01224 692 600

Type of inspection:
Unannounced

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Service provided by:
HC-One Limited

Service provider number:
SP2011011682

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CS2011300711

About the service

Hamewith Lodge is a care home service for older people and younger adults, registered to provide care for up to 60 people, including up to 18 younger adults. It is owned and managed by HC-One Limited.

The home is located in a residential area on the northern edge of Aberdeen, close to local amenities and transport links. It is a purpose-built building arranged over two floors and divided into several smaller units. The accommodation includes a variety of communal sitting rooms and dining areas. People have access to well-maintained, landscaped grounds.

At the time of the inspection, 59 people were living in the home.

About the inspection

This was an unannounced follow up inspection which took place on 5 August 2025, 20 August 2025 and 15 September 2025. The inspection was carried out by four 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 20 people using the service and 18 of their family and representatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

The provider had made progress across key areas, resulting in safer, more person-centred care that better met people's needs and outcomes.

People experienced more meaningful interaction and emotional support, helping them feel more connected in their daily lives.

Mealtimes were calmer and better supported, promoting dignity and wellbeing through timely assistance and improved nutritional care.

Medication was administered safely, helping protect people's health and comfort, and contributing to more consistent care delivery.

Personal care was delivered in ways that upheld dignity and comfort, helping people feel respected, clean and cared for.

Quality assurance systems were strengthened, helping leaders identify and respond to issues more effectively, which supported safer and more reliable care for people.

Communication across the service had improved, helping people experience more coordinated care and ensuring families received updates.

The environment was cleaner, safer and more welcoming, helping people feel comfortable and protected from environmental risks.

To support continued improvement, the provider should continue to strengthen documentation and evaluation of medication, care planning and audit processes, helping ensure people consistently experience safe, responsive and well-informed care.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We regraded this key question from weak to adequate in response to the improvements that had been made since the last inspection.

Four requirements under this key question remained outstanding from our previous inspection. Since then, the provider had implemented action plans to support improvement.

We followed up on the requirement for the provider to ensure people experienced meaningful interaction. Sufficient progress had been made and the requirement was met. Staff had improved how people were supported to connect and engage, with activities more organised and better recorded. Staff also sometimes encouraged everyday moments of connection. Care plans reflected some preferences and families described a more inclusive approach. These actions helped people experience more meaningful days. (See 'What the service has done to meet any requirements we made at or since the last inspection')

We followed up on the requirement for the provider to ensure people's health and wellbeing needs were identified, monitored and met. Sufficient progress had been made and the requirement was met. Mealtimes were calmer and better supported, weight monitoring had improved and wound care was more consistent. Falls risk assessments were updated after incidents and referrals to health professionals were being made. These actions helped ensure people received more responsive care. (See 'What the service has done to meet any requirements we made at or since the last inspection')

We followed up on the requirement for the provider to ensure medication was administered and managed safely. Sufficient progress had been made and the requirement was met. Staff had completed training and competency checks and electronic systems supported oversight. Clear protocols were in place for 'as required' medication, helping people receive safer and more consistent support. However, some documentation was inconsistent, with a few missing records of why pain medication was given and how effective it was. The management team acknowledged this and committed to further improvement. As a result, we identified a new area for improvement. (See **Area for Improvement 1** and 'What the service has done to meet any requirements we made at or since the last inspection')

We followed up on the requirement for the provider to ensure people received appropriate support with personal hygiene and presentation. Sufficient progress had been made and the requirement was met. People were supported with their personal care needs, records were more consistent and audits were used to monitor quality. Staff described how they responded to individual preferences and families told us they had noticed improvements. These actions helped ensure care was delivered in line with people's needs. (See 'What the service has done to meet any requirements we made at or since the last inspection')

Areas for improvement

1. To ensure people receive care and support that is right for them, the provider should improve how pain management is monitored and assessed. This should include but is not limited to, ensuring staff can recognise signs of pain, respond appropriately and maintain accurate records of the support provided.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

3 - Adequate

We regraded this key question from weak to adequate in response to the improvements that had been made since the last inspection.

One requirement under this key question remained outstanding from our previous inspection. Since then, the provider had implemented action plans to support improvement.

We followed up on the requirement for the provider to ensure effective quality assurance systems were in place. Sufficient progress had been made and the requirement was met. The provider had strengthened systems, made better use of their service improvement plan and carried out audits across key areas. Daily monitoring and walkarounds improved oversight, and notifications to regulatory bodies were being submitted appropriately. However, while care and support had improved, the link between quality assurance activity and outcomes for people was sometimes unclear. For example, audit findings were not always shared with the wider team, meaning some opportunities to strengthen practice and reduce risk may have been missed. We therefore identified a new area for improvement to support continued progress. (**See Area for Improvement 1** and 'What the service has done to meet any requirements made at or since the last inspection')

Areas for improvement

1. To support safe and effective care, the provider should improve how quality assurance activity is used to inform and strengthen practice across all aspects of service delivery. This should include but is not limited to, ensuring audit findings are shared with relevant staff and using audits to identify learning and development needs.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

'I experience high quality care and support because people have the necessary information and resources' (HSCS 3.18).

How good is our staff team?

3 - Adequate

We regraded this key question from weak to adequate, in response to the improvements that had been made since the last inspection.

One requirement under this key question remained outstanding from our previous inspection. Since then, the provider had implemented action plans to support improvement.

We followed up on the requirement for the provider to ensure effective communication systems were in place. Sufficient progress had been made and the requirement was met. The provider had improved how information was shared across the service. Staff described clearer handovers and more consistent use of communication tools. Families said they were receiving more timely updates and staff felt more confident raising concerns. These actions helped people experience more coordinated care. (See 'What the service has done to meet any requirements we made at or since the last inspection')

How good is our setting?

4 - Good

We regraded this key question from weak to good, in response to the improvements that had been made since the last inspection.

One requirement under this key question remained outstanding from our previous inspection. Since then, the provider had implemented action plans to support improvement.

We followed up on the requirement for a clean, safe and well-maintained environment. Sufficient progress had been made and the requirement was met. Cleaning routines were strengthened and regularly audited. Staff followed infection prevention and control procedures, and hazardous materials were stored securely. Environmental checks were carried out consistently. Shared spaces had been enhanced with fresh décor, homely touches and better organisation, contributing to a more welcoming and comfortable atmosphere. These actions helped ensure people experienced a safer and more pleasant living environment. (See 'What the service has done to meet any requirements we made at or since the last inspection')

How well is our care and support planned?

3 - Adequate

We regraded this key question from weak to adequate, in response to the improvements that had been made since the last inspection.

One requirement under this key question remained outstanding from our previous inspection. Since then, the provider had implemented action plans to support the necessary improvements.

We followed up on the requirement for accurate care and support documentation. Sufficient progress had been made and the requirement was met. Personal plans had been reviewed and updated to reflect people's current needs, preferences and legal status. Staff used these plans to guide care, and families felt more involved in planning and review. Legal documentation was referenced appropriately and staff understood how to use it to support decision-making. Risk assessments were in place and updated when needs changed. These actions improved care planning and supported better outcomes for people. However, although records of care, including hygiene support, were being completed more consistently, some gaps and inconsistencies occasionally remained. We also noted variation in the quality and completeness of some planning documentation, with some plans and records being more outcome-focused than others. As a result, we identified a new area for improvement to support continued progress. (**See Area for Improvement 1** and 'What the service has done to meet any requirements made at or since the last inspection')

Areas for improvement

1. To ensure people experience consistently high-quality care and support, the provider should improve the accuracy, consistency and person-centred detail within care and support documentation. This should include but is not limited to, ensuring personal plans are outcome-focused and reflect people's current needs, preferences and legal status, and that all care records are completed accurately and consistently to support effective evaluation and continuity of care.

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

'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 experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

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

Requirements

Requirement 1

By 15 August 2025, the provider must ensure that people experience meaningful interaction, emotional connection and stimulation as part of their daily care and support. This is to promote wellbeing, dignity and a sense of purpose.

To do this, the provider must, at a minimum:

- a) ensure that all staff understand their role in supporting people's emotional wellbeing, and that creating a culture of connection and compassion is everyone's responsibility
- b) embed opportunities for meaningful engagement and connection into daily routines, including through conversation, shared activities and use of individual interests such as, music, nature or sensory experiences
- c) ensure that people's preferences, communication needs and emotional support requirements are clearly recorded in personal plans and used to guide care
- d) monitor the quality and consistency of emotional support and engagement through observation, feedback and regular review of people's experiences.

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:

'I experience warmth, kindness and compassion in how I am supported and cared for' (HSCS 3.9); and

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6); and

'I am supported to manage my relationships with people who are important to me' (HSCS 2.18).

This requirement was made on 2 July 2025.

Action taken on previous requirement

Staff showed awareness in supporting people's emotional wellbeing. We observed some warm interactions, including one staff member gently encouraging a withdrawn person to join a group activity, which led to visible signs of relaxation. Group staff systems had been introduced to improve consistency and staff told us they felt more accountable for people's everyday experiences. This meant people were more likely to feel emotionally supported and understood.

Opportunities for engagement were part of daily routines. We saw people taking part in music, word games and social events. Staff were more present in lounges and supported conversation and connection. Activity records were completed and people told us they enjoyed the events and appreciated the company. This meant people were more likely to experience enjoyment, stimulation and a sense of belonging.

Personal plans included information about people's preferences. We saw activity assessments and wellbeing care plans that reflected individual interests and routines. Staff described how they used this information to guide their approach. This meant care was more likely to reflect what mattered to people and support their wellbeing.

Met - within timescales

Requirement 2

By 25 July 2025, the provider must ensure that people's health and wellbeing needs are identified, monitored and met in a timely and effective way to protect their health, wellbeing and safety.

To do this, the provider must, at a minimum:

- a) ensure mealtimes are well-managed, calm and unhurried, with meals served on time and appropriate support provided for those at risk of choking
- b) promptly identify and respond to any signs of weight loss, including the use of food and fluid charts where appropriate
- c) provide consistent and effective wound care and repositioning support, with accurate and up-to-date records maintained
- d) implement timely falls risk assessments and ensure appropriate care planning and review following any fall
- e) make timely referrals to relevant health and social care professionals when concerns about a person's health or wellbeing arise.

This is to comply with Regulation 4(1)(a) and Regulation 5(1) 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:

'I experience high quality care and support that is right for me' (HSCS 1.19); and

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and

'I can enjoy unhurried snacks and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

This requirement was made on 2 July 2025.

Action taken on previous requirement

Staff supported people during mealtimes and remained visible throughout. Dining areas were organised to ensure a smooth experience and people were offered choices. Those needing help received appropriate support. Staff understood individual risks and followed guidance for safe eating. This meant people experienced mealtimes that met their needs.

People's weight was monitored with oversight from the management team. Staff used food and fluid charts and we saw referrals to health professionals and adjustments to people's diets. One person gained weight following targeted support and their family told us they had noticed a positive change. This meant people were more likely to receive the right nutritional support at the right time.

People received support with wound care and repositioning. Records showed that care was delivered in line with planned schedules and staff responded to changes in skin integrity. Clinical input was sought when needed, including from GPs and specialist nurses. This meant people experienced timely care that helped prevent discomfort and skin damage.

People at risk of falling were identified and supported appropriately. Staff completed and updated risk assessments following incidents, carried out post-fall reviews and amended care plans. Staff were aware of those at higher risk and described the actions they took to reduce harm. This meant people were better supported to move safely and avoid injury.

People benefitted from timely input from external professionals, including dietitians, mental health nurses and GPs. Staff used this input to inform care planning and support. Training on recognising deterioration helped ensure people received appropriate care. This meant people were more likely to receive coordinated support that maintained their health and wellbeing.

Met - within timescales

Requirement 3

By 25 July 2025, the provider must ensure that medication is administered and managed safely and reliably to protect people's health, wellbeing and safety.

To do this, the provider must, at a minimum:

- a) ensure accurate recording and administration of all medication, including PRN (as required) and covert medication
- b) store all medication safely, with clear labelling, appropriate temperature control and in accordance with relevant protocols and procedures

c) ensure the electronic Medication Administration Record (eMAR) system is used effectively to support safe practice, including ensuring that no-one misses their medication or receives additional doses in error

d) provide staff with appropriate training and carry out regular competency assessments in medication procedures.

This is to comply with Regulation 4(1)(a) and Regulation 15(b)(i) 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:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24); and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 2 July 2025.

Action taken on previous requirement

Medication was stored safely and administered in line with people's needs. Staff described systems that supported safe practice and we saw improvements in how medication was recorded and monitored. Storage arrangements had been strengthened, and temperature checks were carried out consistently. This meant people were more likely to receive medication safely and in line with best practice.

Staff had completed training and competency checks were underway. Refresher sessions and recorded discussions supported learning. The provider had introduced daily checks and audits to help identify and address issues. These actions meant staff were better supported to administer medication safely and confidently.

Electronic systems supported safe administration. Staff explained how the system tracked missed doses, monitored stock levels and flagged time-sensitive medication. Oversight had improved and management used reports to support quality assurance. This meant people were more likely to receive medication as prescribed, with fewer errors or delays.

Protocols were in place for 'as required' medication, including guidance on when to offer it, how to monitor its effects and what to record. However, we found some inconsistencies in how these protocols were used and documented. In a few cases, the reason for administration and its effectiveness were not clearly recorded. While people received the right support, further improvement was needed to ensure consistent and safe practice. We discussed this with the management team, who acknowledged the issue and committed to improvement. As a result, we identified a new area for improvement to support continued progress. This should focus on strengthening the accuracy and consistency of 'as required' medication protocols, including how decisions are recorded and how effectiveness is monitored. (See 'How well do we support people's wellbeing?' and Area for Improvement 1)

Met - within timescales

Requirement 4

By 25 July 2025, the provider must ensure that people receive appropriate support with personal hygiene and presentation to promote their dignity, comfort and wellbeing.

To do this, the provider must, at a minimum:

- a) ensure people receive regular support with washing, dressing and oral care, in line with their personal plan and individual preferences
- b) maintain accurate and up-to-date records of personal care provided, including oral hygiene, bathing and dressing
- c) monitor the quality and consistency of personal care through regular audits and feedback from people and their families.

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:

'If I need help with personal care, this is carried out in a dignified way, with my privacy and preferences respected' (HSCS 1.4); and

'I am supported to feel clean, fresh and comfortable' (HSCS 1.19); and

'I am treated as an individual by people who respect my needs, choices and wishes' (HSCS 3.1).

This requirement was made on 2 July 2025.

Action taken on previous requirement

People were supported with personal care in ways that upheld their dignity. Staff were visible and people told us they felt respected during support with washing, dressing and grooming. People appeared clean and comfortable, and families said they had noticed improvements in hygiene and presentation. This meant people were more likely to feel comfortable and well cared for.

Records of personal care were more consistent. Hygiene charts, including oral care, bathing and dressing, were mainly recorded appropriately and daily notes were mostly completed as required. However, some minimal gaps remained in how consistently entries were made. This meant that there could be a risk of missed care or reduced oversight. (See 'How well is our care and support planned?' and Area for Improvement 1)

Personal hygiene needs were being monitored. The management team carried out regular checks of hygiene records and gathered feedback from people and families. Where issues were identified, actions were taken and staff were reminded of expectations. This meant the quality and consistency of personal care were being more closely monitored. Due to this, the quality of people's personal care had improved.

Met - within timescales

Requirement 5

By 5 September 2025, the provider must ensure that robust and effective quality assurance systems are in place to support safe, coordinated and person-centred care. These systems must drive continuous improvement and reduce the risk of harm.

To do this, the provider must, at a minimum:

- a) ensure that the Service Improvement Plan (SIP) is regularly reviewed, updated and used as a live tool to drive measurable improvements in care, including in areas such as, wound care, medication management and care planning
- b) implement effective audits across key areas, including medication, care planning, infection prevention and control, and accident and incident reporting
- c) ensure that all required notifications are submitted to the Care Inspectorate in a timely and accurate manner, in line with regulatory expectations
- d) strengthen oversight of staff practice through daily monitoring and walkarounds, with a clear focus on people's experiences, outcomes and the accuracy of information shared between staff
- e) ensure that lessons learned from complaints, incidents and audits are clearly documented, shared with staff and used to improve practice and reduce the risk of recurrence.

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)
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:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

'I use a service and organisation that are well led and managed' (HSCS 4.23); and

'I have confidence in the people who support and care for me' (HSCS 3.1).

This requirement was made on 2 July 2025.

Action taken on previous requirement

The Service Improvement Plan (SIP) was in place and used more effectively to guide change. It had been updated since the last inspection and included actions linked to key areas such as, wound care, medication and care planning. Staff were aware of the plan and updates were discussed during meetings. This meant the service had a clearer structure for identifying priorities and tracking progress.

Daily monitoring and walkarounds were taking place. Senior staff used these to check care delivery, documentation and the environment. Records showed issues were picked up and addressed, and staff said they felt more supported. Managers were more visible, which helped promote safer and more consistent care.

Notifications were being submitted to statutory bodies, such as the Care Inspectorate, and most recent incidents had been reported appropriately. This meant external oversight was improving, helping to ensure people received safer care and that regulatory responsibilities were met.

Audits and incident reviews helped identify issues and support individual learning. However, some lacked detail or follow-up and learning was not consistently shared or embedded across the team. This meant opportunities to strengthen improvement and drive measurable change may have been missed. As a result, we identified a new area for improvement to support continued progress. This should focus on strengthening the impact of quality assurance activity, including how audits are followed up and how learning is shared. (See 'How good is our leadership?' and Area for Improvement 1)

Met - within timescales

Requirement 6

By 15 August 2025, the provider must ensure that effective communication systems are in place and used by all staff to support safe, person-centred care and improve outcomes for people.

To do this, the provider must, at a minimum:

- a) ensure that up-to-date and accurate information is consistently shared and accessed through handovers, care records and communication tools, so that staff are well-informed and able to deliver coordinated care
- b) ensure that staff communicate clearly, respectfully and professionally with each other, with management and with people using the service
- c) ensure that families and representatives are kept informed about significant changes in care, incidents and key decisions in a timely and appropriate manner
- d) establish systems that enable staff to escalate concerns and receive timely responses from management, with clear lines of accountability
- e) embed a culture of openness where concerns, observations and feedback are listened to, recorded and acted upon to improve care and strengthen trust.

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)
Section 7(1)(a) and 7(1)(c) 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:

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27); and

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17); and

'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs' (HSCS 2.8).

This requirement was made on 2 July 2025.

Action taken on previous requirement

Staff were sharing information more consistently. Daily handovers, meetings and communication tools helped staff stay informed and care records were more up to date. Staff described how they accessed and shared information about people's needs. While this was still developing, it meant staff were better placed to deliver more coordinated care.

Interactions between staff and management had improved. Staff said they felt more supported and able to raise concerns, and we observed respectful communication. This helped ensure care was more responsive and well-managed.

Families were receiving more timely updates. Records showed that changes in care and incidents were being communicated, and families said they felt more involved. This helped build confidence in the service and supported more inclusive decision-making.

Systems to support escalation were in place. Staff described how they raised concerns and received responses from senior colleagues. Managers were more visible and issues were picked up during walkarounds. This meant concerns were more likely to be addressed before escalating, helping to reduce risk and improve outcomes.

A culture of openness was beginning to develop. Staff said feedback was encouraged and we saw examples of reflective accounts and follow-up actions. While this was still embedding, staff felt more able to speak up, which meant people were more likely to benefit from a service that listens and learns.

Met - within timescales

Requirement 7

By 25 July 2025, the provider must ensure that people experience a clean, safe and well-maintained environment that protects their health, safety and wellbeing.

To do this, the provider must, at a minimum:

- a) ensure all areas of the home, including bedrooms, communal spaces and bathrooms are clean, hygienic and free from unpleasant odours
- b) implement and maintain robust cleaning schedules for all equipment, furnishings and high-touch areas, with accurate and up-to-date records that are regularly audited
- c) ensure that all hazardous materials, including cleaning products and personal care items, are stored safely and securely at all times

d) carry out regular environmental checks to identify and address risks related to cleanliness, maintenance and storage, and take prompt action where issues are identified

e) ensure that all staff understand and consistently follow infection prevention and control procedures and environmental safety protocols, with appropriate training and supervision in place.

This is to comply with:

Regulation 4(1)(a) (Welfare of users) and Regulation 10(2)(a)(b)(d) (Fitness of premises) 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:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22); and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'My environment is secure and safe' (HSCS 5.17).

This requirement was made on 2 July 2025.

Action taken on previous requirement

The home was clean and well presented. Bedrooms, bathrooms and communal areas were tidy and free from unpleasant odours. Domestic staff were visible and followed clear routines, and people said they felt comfortable in their surroundings. This meant people were more likely to experience a pleasant and hygienic living environment.

Cleaning schedules were in place. Records showed that high-touch areas and equipment were cleaned regularly, and audits were carried out to check standards. Where gaps were identified, actions were taken to address them. This meant cleanliness was monitored more effectively, helping to reduce the risk of infection.

Hazardous materials were stored safely. We saw appropriate signage and secure storage areas for cleaning products and personal care items. Staff described the procedures in place and knew where to find relevant guidance. This meant people were better protected from environmental risks.

Environmental checks were carried out regularly. Walkarounds were used to identify issues and repairs were logged and prioritised. Staff described how they reported concerns and managers spent more time in the home to support oversight. This meant risks were more likely to be identified and addressed promptly.

Staff had received training in infection prevention and control. Competency checks were underway and staff described safe practices. We observed staff applying key principles during care delivery and routines were in place to support hygiene and safety. This meant people were more likely to experience care in a clean and well-managed environment, and staff were increasingly confident in applying infection control measures as part of daily practice.

Met - within timescales

Requirement 8

By 15 August 2025, the provider must ensure that all care and support documentation is accurate, up to date and reflects people's current needs, preferences and legal rights. This is to ensure that care is safe, person-centred and responsive to change.

To do this, the provider must, at a minimum:

- a) regularly review and evaluate personal plans, particularly following any changes in people's health or wellbeing, to ensure they remain accurate and relevant
- b) improve the quality and consistency of daily recordings, including repositioning charts, oral care, nutrition and medication administration, ensuring they are complete, accurate and reflective of the care provided
- c) ensure that future care planning, including end-of-life support, is developed in partnership with individuals, families and professionals and clearly records people's wishes about treatment and preferred place of care
- d) ensure that all documentation relating to legal authority and capacity is complete, accessible and used to inform care planning and decision-making
- e) ensure that risk assessments are completed promptly when people begin using the service or when their needs change, and that these are regularly reviewed and used to inform safe and appropriate care planning.

This is to comply with:

Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (Personal plans) 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:

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17); and

'I am supported to understand and uphold my rights' (HSCS 2.3).

This requirement was made on 2 July 2025.

Action taken on previous requirement

Personal plans were reviewed and updated to reflect people's current needs, preferences and legal status. We saw examples of care plans that included recent changes in mobility, nutrition and end-of-life preferences. Staff described how they used these plans to guide care delivery, and families told us they felt more involved in planning and review. This meant people were more likely to receive care that was responsive to their changing needs.

Daily recordings were more consistent. Repositioning charts, oral care logs and nutrition records were completed more reliably, and staff described how they used these to monitor care delivery. Medication administration records were audited and actions were taken where gaps were identified. This supported safer and more coordinated care.

End-of-life care planning had improved. People's wishes were documented and staff were familiar with these. Families said they felt more informed and involved, and clinical input was sought where needed. This meant people were more likely to experience care that upheld their dignity and comfort at the end of life.

Legal documentation was reviewed and used to inform care. We saw examples of Power of Attorney and guardianship records being referenced in care plans, and staff described how they used this information to guide decision-making. This helped ensure that people's rights and legal status were respected.

Risk assessments were in place and updated when people's needs changed. Staff described how these informed care planning and helped ensure people received support that was proportionate to their level of risk. This could support safer care for people.

Overall, care planning and documentation had improved, helping people experience more personalised and coordinated care. However, some records lacked detail or evaluation and occasional gaps in documentation meant it was not always clear how care was monitored or adapted over time. This meant that while people's needs were being identified, further work was needed to support continued improvements.

As a result, we identified a new area for improvement to support continued progress.

(See 'How well is our care and support planned?' and Area for Improvement 1)

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, wellbeing and autonomy, the provider should ensure that where people engage in activities that carry potential risk, that there is a clear, person-centred care plan in place.

This should include but is not limited to, a documented assessment of the person's capacity to make decisions about the activity, consultation with legal representatives where appropriate, and a detailed support plan that outlines how the activity will be supported safely and respectfully.

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

'I am supported to understand and uphold my rights' (HSCS 2.3); 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 2 July 2025.

Action taken since then

A person-centred approach was taken to support activities that carried potential risk. For example, a detailed risk assessment was completed, including a documented evaluation of a person's capacity to make decisions. The assessment reflected the person's preferences and understanding of the risks involved. A support plan was in place, outlining how staff would assist the person to engage in the activity safely and respectfully. This included supervision arrangements, use of appropriate equipment, and clear guidance on where and when the activity could take place. Staff were familiar with the plan and described how they balanced safety with autonomy. Legal representatives had been consulted and their views were reflected in plan. Oversight was in place and the management team monitored arrangements to ensure they remained appropriate. As a result, the person was able to engage in an activity that mattered to them, while being supported in a way that upheld their rights, dignity and safety.

This area for improvement has been met.

Previous area for improvement 2

To support staff, the provider should ensure development and regular one-to-one meetings take place, to ensure staff remain competent, skilled and are supported to undertake their role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 13 September 2024.

Action taken since then

Staff were receiving regular one-to-one supervision and development support. A supervision matrix was in place and actively used to plan and track sessions. Records showed that most staff had received recent supervision, and these meetings were used to reflect on practice, discuss learning needs and agree actions for improvement.

Supervision sessions were more structured and linked to staff development. Staff described how they used these meetings to explore challenges, review training and identify goals. Reflective practice was encouraged and managers used supervision to follow up on issues such as, medication errors and documentation gaps. This helped ensure that staff were supported to improve and remain accountable.

Staff told us they felt more confident and better supported in their roles. They described supervision as helpful and said it gave them space to raise concerns and receive feedback. Managers were visible and approachable, and staff felt listened to. As a result, staff were more likely to feel competent, skilled and supported in their roles, contributing to safer, more person-centred care.

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.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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