

## Jesmond Care Home Care Home Service

Jesmond Drive  
Bridge of Don  
Aberdeen  
AB22 8UR

Telephone: 01224 701 820

**Type of inspection:**  
Unannounced

**Completed on:**  
28 October 2025

**Service provided by:**  
Renaissance Care (No1) Limited

**Service provider number:**  
SP2011011731

**Service no:**  
CS2018369775

## About the service

Jesmond Care Home is a three-storey, purpose-built care home located in the Bridge of Don area of Aberdeen. The service is operated by Renaissance Care (No1) Limited. The service is registered to provide a care service for up to 65 older people. At the time of the inspection, there were 62 people living at Jesmond care Home.

All bedrooms have en suite toilet and showering facilities. There are large communal lounges and dining areas on the ground and middle floors. There are also smaller lounge/quiet rooms available on the ground and middle floor. One of the lounges on the ground floor has been turned into a café style facility. The service is close to a local church, shops and cafés.

## About the inspection

This was an unannounced inspection which took place on 22 October 2025 between 09:15 and 15:30 with a further visit on 23 October 2025 between 10:00 and 16:00. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

To inform our evaluations we:

- spoke with eight people using the service and six relatives or friends who were visiting the service
- spoke with 12 staff and management
- received 41 completed questionnaires or emails from people using the service, staff and relatives
- observed practice and daily life
- reviewed documents.

## Key messages

- Staff were welcoming, warm and trying to meet people's needs.
- Staff interactions with people varied, some were warm and compassionate, while others were more task-focused, leading to less emotional support.
- Activities were praised, but people weren't consistently encouraged to take positive risks, retain or further develop their skills and abilities.
- Concerns about personal care included a lack of attention to individual preferences.
- Medication management was generally good, though minor issues in record-keeping posed risks of inconsistent support.
- Care plans were lacking detail and not reflecting residents' real experiences or needs.

## 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 setting?	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. There was a number of important strengths which taken together clearly outweighed areas for improvement.

We received mainly positive feedback about the service, carers and the improvements made since the last inspection. People told us: "We are very pleased overall with [relative's] care", "[Relative] is less anxious, more engaged, and settled" and their relative was now in the "correct environment to live out their life with some degree of happiness."

People said they were treated with kindness, compassion and understanding. Families commented on a respectful rapport between staff and residents. However, staff engagement varied. Some staff showed kindness and genuine interaction, while others were task focused. Although unintentional, this was perceived by some staff as a lack of empathy and emotional support. Outwith the planned activities, the home was subdued and there was a lack of life in the home. A relative said: "The carers all have to work hard and don't always have the time to interact with residents." As a result, many people spent significant periods of time disengaged or asleep.

The wellbeing coordinators organised fun and engaging activities that made people's daily lives better. Families and residents praised the events and outings, saying they were enjoyable and well-organised. Although staff were responding with the best intentions, people were not being encouraged or supported to take positive risks, be supported with rehabilitation or enabled to remain as independent as possible for as long as possible. For instance, opportunities such as visiting the local shop or assisting individuals in reorganising their cupboards or wardrobes were not routinely offered. These activities could help maintain independence and promote positive outcomes and experiences (see area for improvement 1).

People were mostly well-presented and supported with bathing and showering. However, concerns were raised from families that people were not assisted to bath or shower on a regular basis. There was a focus on routines and people's needs, wishes and choices were not fully considered. As a result, some people were not supported in ways that reflected their personal choices.

Staff demonstrated a good understanding of medication systems. However, minor concerns with housekeeping and recording practices, were discussed with the manager. These issues created a risk of people receiving inconsistent support and the potential for medication not being administered as prescribed.

Health oversight was good, led by the management team and senior staff. Staff were proactive in seeking advice and demonstrated professionalism and a person-centred approach. Communication with external professionals and families was good. Families said the staff were good at keeping them updated and answering questions. This assisted in building trusting relationships between the staff and families.

Most people were mainly positive about the quality and choice of meals. A person said the food choices were varied but sometimes "wishy-washy". This was being addressed through discussion with people and the catering staff. We saw some very kind and caring interactions by staff to encourage and support people with eating and drinking. People's nutritional intake was monitored. As a result, appropriate action was taken quickly to address any concerns.

The electronic care planning system was not being used effectively to support people's care and support. Care plans and documentation were not reflective of people's experiences or outcomes. The quality and standard of documentation needs to be improved to reflect changes in people's health, care and support. As a result, there was a risk of inconsistent care in relation to emotional distress, financial arrangements, choking risks and skin integrity. The previously identified area for improvement regarding the standard of documentation was not met and remains in place. Work to improve the standard and quality of documentation remains ongoing and forms part of the service's improvement plan (see What the service has done to meet any areas for improvement we made at or since the last inspection).

### Areas for improvement

1. The provider should support people to remain independent in their daily lives. To do this, the provider should at a minimum:

- a) develop an enablement approach to how people are supported to retain or further develop their skills and abilities
- b) ensure people and their representatives are involved in positive risk assessment
- c) promote well-informed and balanced decisions about risk
- d) ensure risk assessments and personal plans are person-centred and reflect changes in people's support needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19) and "My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions" (HSCS 2.11).

## How good is our setting?

## 4 - Good

We evaluated this key question as good. There was a number of important strengths which taken together clearly outweighed areas for improvement.

The home was friendly and welcoming. It was clean, tidy and clutter free. The home was described as lovely, peaceful and well-maintained. Staff took pride in the service and appreciated that it was people's home. The home was well-maintained and decorated to a high standard. The management team were continually reviewing the environment. The service's improvement plan could be further developed to ensure the home continued to enhance and promote a good quality of life for the people who live there.

There was good oversight by the maintenance team. Maintenance and servicing records were in good order. Not all concerns or issues were recorded by staff. As a result, there was a potential that repairs would not be addressed promptly. The general environment was safe and secure.

People could move freely around each unit in the home. There were several communal areas that people and their families could choose to spend time in. But these areas, including the garden, could only be accessed when people were accompanied by staff or relatives. The management team should consider ways to support people to access outside space independently.

People were encouraged and supported to bring in their own bits and pieces to have around them, within their bedrooms, which promoted each person's experience, dignity and respect. Staff were no longer as meticulous regarding maintaining good infection prevention and control (IPC) practices. Concerns regarding maintaining equipment, staff not being attentive to people moving clinical waste bins and the lack of support to assist people to wash their hands frequently were discussed with the management team. Improving oversight of IPC practices would assist in reducing the spread of infection within the home.

## 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, the provider should ensure that the quality of the documentation appropriately meets the needs of people. To do this, the provider should at a minimum:

- a) Ensure all health assessments are completed in a timely manner, that is specific to each individual's care needs.
- b) Ensure all changes in people's needs and any actions taken to address concerns are fully recorded.
- c) Ensure care plans are truly evaluated to reflect changes in people's care and support needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal 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 area for improvement was made on 27 May 2025.**

#### Action taken since then

See How well do we support people's wellbeing?

**This area for improvement has not been met.**

#### Previous area for improvement 2

The provider should support people, and their representatives, to be involved in positive risk assessment, to promote well-informed and balanced decisions about risk. Risk assessment documentation should be fully completed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions" (HSCS 2.11).

**This area for improvement was made on 12 September 2023.**

#### Action taken since then

**This area for improvement is no longer in place.** It has been incorporated into a new area for improvement under How well do we support people's wellbeing?

## Previous area for improvement 3

The provider should ensure that there is effective oversight on each of the floors in the home to ensure people experience consistent standard care.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: "My care and support is consistent and stable because people work together well" (HSCS 3.19).

**This area for improvement was made on 5 June 2023.**

### Action taken since then

Many staff expressed pride in their roles. Senior leadership, including Registered Nurses, team leaders and management, maintained a visible presence throughout the home. Staffing levels and staff deployment had been reviewed. As a result, staffing levels had improved on the middle floor and night shifts. However, staff should be encouraged and supported to raise any concerns regarding staffing within the home. Senior staff were expected to assist care staff to ensure they continued to model and uphold the standards of care expected. This would ensure that staff remained competent in all aspects of care and that people's experience of care improves.

See How well do we support people's wellbeing? These practices need to be fully embedded into culture and practice to ensure that these improvements are developed and sustained.

**This area for improvement has been met.**

## Previous area for improvement 4

The provider must ensure all staff are part of the supervision and mentoring programme that supports, develops and values staff.

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 5 June 2023.**

### Action taken since then

The service conducted one-to-one and themed supervisions with most staff, with development plans implemented where needed. Wellbeing check-ins had not occurred in some time, despite staff suggesting quarterly mental health support to manage stress and prevent burnout.

Lessons learned were with shared staff. While face-to-face training increased, eLearning completion remained low. Management needed to ensure compliance with the training and development policy to maintain quality assurance. Staff had begun to be encouraged and empowered to actively participate in developing a culture of improvement in Jesmond Care Home.

See How well do we support people's wellbeing? These practices need to be fully embedded into culture and practice to ensure that these improvements are developed and sustained.

**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](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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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