

Ardenlee Care Home Service

Bullwood Road
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Type of inspection:
Unannounced

Completed on:
10 October 2025

Service provided by:
TC Carehome Ltd

Service provider number:
SP2003002621

Service no:
CS2004059227

About the service

Ardenlee Care Home is situated in the West Bay area of Dunoon with views overlooking the Clyde Estuary. The service is operated by TC Carehome Ltd. This service is registered to provide care for 33 older people. At the time of the inspection there were 25 people living in the home. Accommodation in the home is over three levels. Two bedrooms have access to en-suite facilities. There are communal bathrooms on each floor, one with a bath and bath aid for those who need assistance. The ground floor has a large communal lounge with a separate dining area. There is a separate quiet room located next to the lounge.

About the inspection

This was an unannounced inspection which took place on 5, 6, 7 October 2025 between the hours of 08:30 and 22:00. The inspection was carried out by two 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 13 people using the service and 11 of their family/friends
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

We took into account 15 completed Care Inspectorate questionnaires, eight from people, three from relatives and four from staff.

Key messages

- We followed up on one requirement about staffing levels which was met.
- Staffing levels were more stable improving consistency for people and positive relationships were evident.
- People shared they felt safe and well supported.
- Management and staff had worked hard to make improvements in relation to the environment.
- People received compassionate and effective support from staff.
- People benefitted from access to effective and proactive healthcare support.

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? | 4 - Good |
| How good is our staff team? | 4 - Good |
| How good is our setting? | 4 - Good |
| How well is our care and support planned? | 5 - Very 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 question as good where strengths supported positive outcomes for people and outweighed areas for improvement.

People were treated with kindness and compassion. People told us 'I feel safe here' and 'I am very happy with all the care, think the staff are great'. There was much less use of agency staff and people benefitted from this improved consistency, positive relationships had developed.

Relatives commented they were always welcomed into the home and were able to share private areas in the home for visits with their loved one. Care planning and review processes included relatives, supporting them to continue be involved in the care of their loved one. One relative shared this was so important to them.

People benefitted from safe medication practices. Systems and processes were clear and followed well. Where people needed medication 'as required', there were good protocols to guide staff to administer appropriately in the samples we checked. We were confident people were receiving their medications as they should. We suggested that stock alerts were made clearer for mid-cycle medications and that weights for people were clearly displayed in the treatment room. This would improve practice around these areas and minimise risk for people.

People can expect access to community healthcare where needed. Access to a range of health professionals was timely, including GP, District Nursing and Podiatry. Relatives shared they were confident in the staff who recognised changes in their loved one, reported concerns to health professionals and communicated swiftly with them. There was good clinical oversight. This included a person-centred approach to managing and preventing falls where people were supported to remain active including the provision of a well-attended exercise class. Records were maintained where needed to support people with skin integrity, weight management and wounds.

End-of-life care was praised by several families and professionals, with staff seen as caring and compassionate. High-quality comfort care and support was offered. This gave relatives additional comfort and ensured people's needs were met holistically.

Care plans were used to promote people's health and wellbeing. Nutritional passports containing current dietary information, allergies and likes/dislikes were updated and shared with kitchen staff. This was important particularly as some agency kitchen staff were used.

People's wellbeing benefitted from a healthy approach to food and drink. Mealtimes were pleasant and relaxed with tables set nicely and pictorial menus available to support choice. Most people commented positively about the food, but some wanted more variety. We observed people order off menu where they did not wish the main choice that day. We made suggestions to further improve the mealtime experience. This included adding diabetic-friendly desserts and finger foods for those living with dementia or difficulty using cutlery, to support independence and inclusion. Feedback from people and relatives included 'It feels very homely, and food is good, it always smells nice with tables set'. Asked about their favourite one lady said 'I love the cakes'. People overall were encouraged to eat and drink well.

We shared guidance on meaningful engagement and about people being able to access their community. Activity provision was over four days per week. There was the potential to increase this activity provision

across the course of the week which would improve outcomes for people. The service had a dedicated Facebook page to share 'life in Ardenlee' with relatives which depicted the range of activity on offer. Whilst there was no designated activity worker during the inspection due to leave we observed a range of activity. People were enjoying their hobbies such as playing dominoes, reading, listening to music, some art work was also displayed. We noted people's choice and preferences promoted throughout the day adding to their feeling of wellbeing. We observed people were more engaged and less distressed when they had an activity that was appropriate for them. We spoke about the benefit of evaluating activities individually for people and ensuring those who did not choose group activity were provided for. This was not always recorded.

There was an adult protection policy and procedure in place to keep people safe. Staff were trained and confident, with referrals made where required. Safe financial systems and processes were followed, and people were able to access their funds when they wished.

How good is our leadership?

4 - Good

We evaluated this question as good where there were strengths in aspects of the care provided and how these supported positive outcomes for people.

Management within the service was effective and there was strong leadership. Effective communication was shared with staff at a daily meeting; Important information was also shared when there was a handover of staff. Professionals we spoke with fed back that there had been real improvements since the manager has come on board and that staff were working hard to maintain improvements for people.

Relatives spoke positively about managers being visible and approachable and this offered them assurance. They felt comfortable to complain about or compliment the service. There had been both a resident and relative meeting giving people an opportunity to feedback about the service. It was nice to see that people had been asked to share their ideas and choices for new furnishings. People and their relatives were updated about the progress made in meeting requirements from the last care inspection.

Staff within the service shared they felt valued by the management team though commented that when there is absence, staffing levels are really tight. Staff observations were in place and managers were clear with feedback. Leaders modelled the behaviours they expect from the staff.

People should benefit from a culture of continuous improvement. There was a current Service Improvement Plan (SIP) in place and during the inspection leaders were responsive and proactive. The SIP demonstrated a clear understanding of what worked well and what needed to improve including information gathered from manager walk rounds and mealtime observations. Some of these improvements needed were related to the environment such as flooring and windows.

Governance and oversight was good. There was understanding of addressing risk, and we could see the work undertaken has improved outcomes for people. We noted learning from accidents and falls. We asked that consideration be given to where peoples rooms were situated if they were at risk or had falls; as some areas required use of a stairlift. There was clear quality assurance around key tasks like medication, care plans, weights and wounds. Action plans were in place where needed.

The management team had tried a variety of ways to develop and improve the staffing levels and deployment over the course of the week and reduce agency staff use. They employed 'trainee' staff and provided them with a robust induction. The staffing across all departments was mostly in place except for maintenance staff and kitchen staff. Agency used had reduced. Good communication was evident between

all the department heads. We spoke at length about the way staff were deployed in the service to ensure people had access to staff when needed. We asked that managers continued to ensure the staffing levels were adequate and to recognise where higher levels of support are required at peak times in the day, such as at mealtimes. Reduced staff at these times are impactful for people using the service. See area for improvement 1 under key question 3.

The manager and staff have all worked hard to improve the service. People benefitted from improved communal areas and felt assured that leaders would continue to develop the service.

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths had a positive outcome for people and clearly outweighed areas for improvement.

Overall staffing arrangements supported positive experiences for people. People told us that staff were kind, caring and committed to their roles. A family member commented that their mother was "supported well by very kind and caring staff" and praised the management team for their communication. Individual staff members were recognised for their contribution.

Records demonstrated recruitment processes were robust and aligned with safer recruitment guidance. The introduction of a 'trainee' role was a positive development, supporting workforce sustainability and offering a structured pathway into care roles.

Staff were inducted well and had access to regular training, as evidenced by a training matrix. All staff were registered appropriately with the SSSC, and those not yet registered were within the permitted three-month window.

Recent team meeting minutes were seen and showed a range of topics including staffing, vacancies, and service improvements. Staff told us they felt able to participate and share their views. We saw evidence of efforts to support staff wellbeing, including a recent team meeting (September 2025) focused on increasing staff morale, improving staff retention, and providing feedback. Staff told us they felt valued and supported.

Families noted some reduction in agency staff, which had led to more consistent care and familiar staff supporting their loved ones. We observed that staff worked well together and communicated effectively, contributing to a calm and organised environment.

Although there had been a positive reduction in agency use with staff acknowledging improvements in staffing levels it was felt, at times, there were still not enough staff to meet people's needs. Some people felt staff had limited time to spend with them due to competing demands. One person told us, 'They have to look after several residents so they treat me as much as they can'.

We found that mealtimes could be better supported by staff, particularly for people who preferred to eat in their rooms. It did not always appear that there were enough staff members to support mealtimes. Feedback from relatives also highlighted this as an area for improvement. The management team had explored flexible staffing approaches and continued to seek solutions, demonstrating a commitment to improvement despite ongoing challenges. Please see area for improvement 1.

Areas for improvement

1.

To ensure people consistently experience high-quality care and support, the provider should continue to review staffing arrangements to ensure there are sufficient staff available at key times of the day, such as mealtimes and during periods of increased need. This includes ensuring staff are available to support people who choose to eat in their rooms and that communication with families is not compromised due to staffing pressures.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'My needs are met by the right number of people'(HSCS 3.15) and 'I am supported and cared for by people I know so that I experience consistency and continuity'(HSCS 4.16).

How good is our setting?

4 - Good

We evaluated this question as good. Whilst the strengths had a positive impact on people, areas for improvement remained.

People can expect to experience high quality facilities. The home was clean and communal areas and people's bedrooms were cleaned to a good standard. It was tastefully decorated for the season with Autumn wreaths. The lounge area was warm and comfortable, and we noted people enjoying this.

We shared the guidance with the service about winter preparedness around infection, prevention and control to support them with planning for the winter period. Daily and monthly cleaning schedules were in use by the domestic and laundry staff in line with good practice which reduced the risks of infection. Some of these records were not completed in full despite the home appearing clean. This was rectified during the inspection.

Management and staff had worked hard to make improvements in relation to the environment. A couple of communal areas had been upgraded to ensure people benefitted. The dining area had been redecorated to a high standard and provided a welcoming and engaging space for mealtimes, one person shared 'it is so lovely, like going to a restaurant'. We noted that furniture was arranged to promote engagement with peers.

There had been a previous environmental plan to upgrade the building. Carpeting in the hall and stairs area was stained and unsightly. There were clear plans for these to be replaced with people involved in choosing colours they preferred. New windows in particular areas had also been booked in to be replaced. The assisted bath on the top floor needed to be fixed in terms of water temperature and flow as this was temperamental. People should be able to choose a bath or shower.

People should expect an environment that is safe and well maintained. The relevant safety certificates were in place. There was no maintenance worker within the service and a new post had not commenced as yet. The management team were covering ensuing essential checks were being completed. Staff continued to be trained as fire wardens, to give assurance in the event of an evacuation of the building. Those clear planned arrangements for regular monitoring of the service are to ensure peoples safety; it would be good to see support from other maintenance staff till a new member of staff is fully inducted and competent.

We recognised the hard work and cost involved in upgrading the home meaning better outcomes for people. The upgraded areas were homely and warm and comfortable. People can have privacy in the library or entrance vestibule. Relatives told us they are welcomed into the home.

Relatives we spoke with about the home environment feedback that improvements had made a difference to their loved one. Key improvements were still needed in specific areas to ensure people's overall health and wellbeing benefits from high quality facilities and senior management gave assurance this would be prioritised.

How well is our care and support planned?

5 - Very Good

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

People should benefit from care plans which are person centred, regularly reviewed and reflect their rights, preferences and outcomes. Plans we sampled contained nice life history information. The plans contained clear details and preferred routines to support staff to deliver appropriate care and support. We noted a number of pictures included of people partaking in activity, with relatives or at events in the home, which gave a personal touch.

Where people experienced stress or distress, plans were clear on how best to support the person however the plan was not always followed by staff. During the inspection leaders addressed this and we observed people more settled and engaged. Supporting legal documentation was in place where needed. Plans detailed how and when to contact relatives and supported people to maintain contact with their loved ones.

Plans sampled were outcome focused and reflected people's choices and wishes. Care plans were regularly updated using the resident of the day to good effect giving assurance the staff were delivering current care to people. We noted plans were updated when there were changes to peoples support needs such as falls, and this was completed timeously. Relatives shared they were kept up to date with any changes with staff particularly good at contacting them.

People and where relevant their families should also be fully involved in developing their plans. Relatives told us they were involved in updating when there were changes or during reviews. Reviews were arranged every six months within the service, in line with legislation. The service should share these with social work colleagues and update when there are changes.

We heard from relatives that people are helped to live well right to the end of their life. People were supported with sensitive, respectful and responsive care toward the end of their life and this gave families comfort. Future plans and directives were recorded and kept within the care plan. We saw relatives were able to contribute. Whilst the staffing levels had improved and staff knew people well, plans should be clear. This would direct new staff on how to meet people's future needs in line with their wishes.

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

Requirements

Requirement 1

By 31 March 2025, the provider must review the staffing levels to ensure that there are sufficient numbers of staff deployed with the right skills and knowledge to support people at all times. To do this, the provider must, at a minimum:

- a) consider the needs of people supported and demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements
- b) take into account the layout of the building
- c) consider other tasks which may impact on staffs ability to provide support
- d) include feedback from all stakeholders.

This is in order to comply with section 7 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) and : "I am confident people respond promptly, including when I ask for help." (HSCS 3.17).

This requirement was made on 27 January 2025.

Action taken on previous requirement

We can see that people's dependency assessments are completed regularly using the organisational dependency tool to reach staffing numbers. This is completed retrospectively giving limited option to adapt the staffing levels. The layout of the building cannot be changed but the mezzanine level has a stair lift for use, consideration should be given about the people living in this area.

We asked that management factor other tasks which may impact staff ability to support is considered for example in the event of a fall/incident. We noted efforts made to use different shift patterns and we can see less agency staff used.

Feedback was sought from stakeholders- and relatives/families were issued with emails. Three families returned and all stakeholders asked during the inspection felt staffing was sufficient bar one person.

It was good to see the Relatives meeting updating on progress on the Care Inspectorate requirement. We can see that staffing has been reviewed and consistency of staffing has improved in terms of less agency for people.

We will make an area for improvement for continued effort to ensure adequate staffing levels and will meet the requirement.

Met - outwith 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

The provider should ensure that people are protected from financial harm by utilising robust finance systems, including a policy detailing clearly expected practice which will uphold people's legal rights. This should include reference to legal status and details of power of attorney/guardianship.

This is to ensure that care and support is consistent with the health and social care standards (HSCS) which state 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.'
(HCSC 2.5).

This area for improvement was made on 27 January 2025.

Action taken since then

There is a robust policy in place to protect people which was followed by all staff. We sampled some records. We could see these audited on a monthly basis. There was also an external audit of finance carried out by Regional staff who spot check the finances. This happens every three months. We noted a non-interest bearing account. People's power of attorney and guardianship details were clear. People can access their money at any time.

This Area for Improvement is met.

Previous area for improvement 2

To ensure people are kept safe in their setting the provider should implement robust quality assurance processes which include feedback from people and link to an improvement plan. These processes should include a framework for audits, their frequency and responsibilities for sign off to ensure oversight of maintenance and safety of the building.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state: 'My environment is secure and safe.' (HSCS 5.19) and '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 27 January 2025.

Action taken since then

We noted quality assurance processes in place which linked to a service improvement plan. People had been able to feedback on a number of things including choosing new carpeting.

The manager ensured there was clear oversight of the maintenance and safety of the building despite there being no maintenance worker in post.

This area for improvement is met.

Previous area for improvement 3

To ensure people experience an environment that is safe and well maintained the provider should improve the internal and external areas of the care home. An environmental audit should be carried out and a plan of works embarked upon to address the environmental improvements needed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment"(HSCS 5.22) and "My environment is secure and safe."(HSCS 5.17).

This area for improvement was made on 27 January 2025.

Action taken since then

We appreciated all the work undertaken around upgrades with some things completed. The dining area was now lovely and welcoming with new flooring and soft furnishings. The lounge was warm and comfortable and redecorated to a high standard.

The hall and stair carpeting had not been replaced. It had not been deep cleaned. Assurances were given that the carpet will be replaced early in November.

The laundry floor has not been replaced and this was damaged and unable to be cleaned to keep infection free.

We noted one room had window damage. It was taped shut when the storm was due, it was shared that this room is empty and the window was due for imminent replacement.

The communal assisted bath on the top floor had issues with water temperature during the inspection. We asked this was addressed and management sought to address this during the inspection.

We can see this area for improvement has been partially met however will remain in place to cover the other environmental improvements needed.

The area for improvement will remain.

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? | 4 - Good |
| 1.3 People's health and wellbeing benefits from their care and support | 4 - Good |
| How good is our leadership? | 4 - Good |
| 2.2 Quality assurance and improvement is led well | 4 - Good |
| 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? | 5 - Very Good |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 5 - Very Good |

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