

Auchtercrag Care Home Care Home Service

Commercial Road
Ellon
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Auchtercrag Care Limited

Service provider number:
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CS2021000272

About the service

Auchtercrag Care Home is a purpose-built, two-storey, detached building situated in a residential area of Ellon. It provides a care service to a maximum of 45 older people and 26 older people with mental health needs. There were 68 people living in the service at the time of our inspection.

The home is divided into four wings, and all bedrooms are single occupancy with ensuite toilet and showering facilities. There are shared lounges and dining areas in all wings. There is an enclosed garden, with further seating and landscaped areas to the front of the home. The home is close to local facilities in the town.

The service is provided by Auchtercrag Care Limited, part of the Meallmore Group.

About the inspection

This was an unannounced type one inspection which took place on 27, 28 and 30 of October 2025. The inspection was carried out by one inspector on the 27 and 28 of October, and by two inspectors on the 30 October.

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 19 people using the service and eight of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Prior to the inspection we asked the service to send surveys to major stakeholders. We received the following numbers of completed surveys. Six from people using the service, 16 from relatives, 13 from staff and one from supporting professionals.

Key messages

- People were positive about the staff and there were some lovely engagements and interactions.
- Some people did not receive the right levels of care and support to help them look their best.
- The activities provision had been strengthened, and this had improved the opportunities for people to be occupied.
- People praised the quality of the meals.
- There needed to be better support for some people to eat and drink well.
- Improvements to the management of choking and falls risks needed to improve.
- The improvements to medication management had been sustained.
- Managers had good quality assurance systems in place.
- The service improvement plan needed to be developed to focus on outcomes.
- Staff were visible and available in the shared and social areas.
- Staff needed to put their learnings in to practice to ensure that people received consistently good care.
- People's bedrooms were personalised and comfortable.
- There were comfortable lounge and dining areas in each wing.
- Care plans were detailed and reflective of people's 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?	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?	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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People experienced inconsistencies in the care and support they received to help them with their washing, dressing and grooming needs. For example, some people's hair was not brushed and tidied, and some men had not been supported to shave. This meant that some people had not been supported to look their best among their peers and friends. This was not dignified or respectful care and support. (See area for improvement 1).

Many people spoke positively about the staff saying they were kind and caring people. Positive relations had formed with some staff, and this resulted in some lovely engagement and interactions.

There were some instances where staff did not care for people with compassion and understanding. For example, failing to support one person in the upstairs wing, who was distressed and anxious. This resulted in increased distress for this person. There were instances where care needs were attended to without engagement. People should experience consistently good standards of care and support that are delivered in a dignified and compassionate way. (See area for improvement 1).

The support provided to people living with dementia varied throughout the home. People living in the designated dementia wing were supported well. The familiar staff team created a relaxed, calm and social feel in the unit. This had a positive impact on people who appeared content in their surroundings. In other wings the support given was not consistent. We felt that the quality of people's experiences in these wings was impacted by some of the staff allocation. There appeared to be a lack of understanding of what the staff's role was in helping support people living with dementia pass their time meaningfully. People should be supported by skilled and knowledgeable staff to ensure they receive consistently good and effective care and support. (See requirement 1 in 'How good is our staffing?').

The activities provision had been strengthened. The experienced activities staff were good role models for other staff in terms of their communication and engagement skills. The activities programme was varied with good links being established in the local community. The service was determined that people living in the home, remained connected and visible in the local community.

People praised the quality of the meals that were provided. They said that there was plenty of choice and we felt the meals looked appetising and well presented. Alternatives to the menu were offered and accepted by people. We identified concerns with how some people were supported to eat and drink well and how this was being monitored. Some people were not supported to eat well, and there was no recording, reporting or planned follow up to this. Daily care records did not record details of nutritional and fluid intake for people who had varied appetites, who had lost weight or who were at risk. People's nutritional risks did not inform the handover record. The lack of information sharing meant that the additional support needed to improve some people's nutritional intake was not in place. (See requirement 1).

Fluids were readily available in shared spaces and people were offered a choice of fluids. However, some people needed more support to drink well. We were concerned that some people were not having their hydration needs met. This could impact people's general wellbeing and increase the risks of urinary tract infections. (See requirement 1).

There were concerns with the support given to people who were identified as being at risk of choking. Care plans, risk assessment, and the clinical overview were detailed, and clearly documented the risks and what care and support was needed to reduce those risks. However, the care and support delivered by staff was not always reflective of the care plan. For example, inappropriate seating position, people not sat up in bed, and food not cut up to the recommended size. Staff have completed relevant training, and the choking policy gave clear guidance on what to do in the event of a choking incident, however, there were concerns that there was a consistent lack of understanding on the measures needed to prevent choking events. This put people at risk of harm. (See requirement 1).

People who had a history of falls or who had been assessed as being at risk, had detailed and accurate care plans and risk assessments in place. The relevant health professionals were contacted to provide additional input and support to people who fell frequently. This ensured that additional aids or resources could be used to reduce the risks. This ensured that people had the right equipment and support in place. However, we found that some motion sensors were not activated. These were in place to ensure that staff were alerted when someone was mobilising without the assistance of staff. Some walking frames were not within reach. People needed access to their walking aids to ensure that they could use them to walk safely. Shift leads need to have better oversight to ensure that people's care and support is reflective of their care plan and risk assessment. (See requirement 1).

The improvements to medication management had been sustained and embedded in staff practices. Improvements had been made to the standards of protocols for as required medications and rescue medications. (See outstanding area for improvement 1 under section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Managers responded positively when we identified a lack of pain assessment tools. Managers should continue to monitor the staff's understanding and use of pain assessment tools to ensure that people's pain is well managed.

There were stocks of personal protective equipment (PPE) readily available. However, there were instances when staff did not use PPE appropriately. This put people at risk of cross contamination. There were two occasions when soiled incontinence garments were not dealt with appropriately. This put people at risk of cross contamination. The staff had completed infection protection control (IPC) training, however, there needed to be consistent implementation of this training to ensure that safe and effective IPC standards were consistently maintained. (See requirement 1 in 'How good is our staffing?').

Requirements

1. By 9 January 2026, the provider must ensure that people experience safe and effective care and support that meets their health, safety, and wellbeing needs. This includes, but is not limited to, support with eating and drinking, risk reduction in relation to falls and choking. You must ensure that:

- a) ensure that people get the right levels of care and support to ensure they eat and drink well
- b) the recordings and information sharing when there is a risk of weight loss, or if there are instances of poor nutritional or fluid intake must improve to ensure there is additional support planned to help improve outcomes
- c) ensure that when equipment is identified as being needed to reduce the risks of falls, that this equipment is consistently activated and accessible
- d) ensure that all staff are aware of the specific needs of people who are at risk of choking
- e) ensure that the care and support provided to people at risk of choking, is as per their care plan and risk assessment
- f) ensure that shift leaders have improved oversight to ensure that people experience safe and effective care and support.

This is to comply with Regulations 4(1)(a) (welfare of service users) 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 care and support meets my needs and is right for me' (HSCS 1.19).

Areas for improvement

1. Improvements should be made to ensure that people are consistently treated with compassion, dignity, and respect. This should include;

- a) ensuring that people's washing, dressing and grooming needs are met to the consistently good standards they expect
- b) ensuring that people are given the compassion and love that they need when they are upset, anxious, or distressed
- c) ensure that shift leaders have improved oversight of the standards of care and support in their wing, and address any deficits with the necessary staff.

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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The management team had been strengthened, relatives recognised this as positive. They said there was improved communication and timely updates when there were changes to the health and wellbeing of their loved one. The improvements to communication had contributed to increased trust and confidence in the service.

There were effective systems in place for the management of complaints. People expressed confidence in the manager's ability to address concerns appropriately.

The service improvement plan (SIP) was comprehensive, and was informed by internal audits and external input. However, it focused on systems rather than outcomes for people. For example, while audits address care planning and risk assessments, they did not assess if these changes improved actual experiences. The self-evaluation and recovery sections of the SIP also focused on compliance with key indicators, without assessing impact on outcomes. Managers should revisit the SIP and ensure that improvements are linked to measurable outcomes.

Managers had strong clinical oversight of people's health and wellbeing needs. For example, wounds, weight loss and falls. Clinical meetings provided a platform for professional discussion to assess if care plans, risk assessments were accurate, and if the necessary equipment was in place. However, this knowledge and assessment must then translate into consistent care and support practices. For example, the Q31 (nutritional overview) was detailed and clearly stated the nutritional needs of people, however, there was inconsistency in the implementation of this information to ensure that people consistently ate well and ate appropriate diets. (See 'How well we support people's wellbeing?').

Due to the concerns identified with the management of choking risks, managers should ensure any incident of choking is reported, recorded as near miss incidents, and included in the clinical oversight. This will help managers to have a clear overview of the number of incidents, and be able to assess if additional staff training and development is needed.

The oversight and leadership of the units was inconsistent and often dependent upon the experience of the shift lead. Better understanding of the responsibility of the shift lead role should be developed. This is important to ensure that people experience consistently safe, effective, and compassionate care and support.

Shift leaders used handover sheets to communicate any changes to people's health and care needs. However, these records needed to be improved. Nutritional and hydration concerns were frequently not recorded, and this made it difficult for staff to follow up to ensure that the additional support was provided to improve hydration and nutrition. Accurate and complete handovers are important for the continuity of effective care.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Staff were visible in the wings. This meant they were available when people requested assistance. However, there were instances of missed opportunities to identify when people needed support, for example, with meeting hydration and nutrition needs. This meant that some people's care and support needs were not consistently met.

People said that staff were becoming more familiar to them. This was because of a low turnover of staff, and the attempts ensure that staff were allocated to the same wings. This should help develop the knowledge of people, and help trusting relationships to form. Relatives said that there needed to be better completion of the staff on duty boards in the wings. It was important for them to know who was on duty that day, in particular the shift lead who they may have to speak with.

The service used a dependency tool to help inform the number of staff needed on shift. However, the dependency tool did not capture the experiences and outcomes of people. The needs of people in some wings were clearly higher, and this was not consistently considered in the allocation of the numbers of skilled and competent staff. This resulted in people experiencing inconsistency, and at times, failure to fully meet their care and support needs.

People receiving the correct type of diet and the necessary support for them to eat well, was affected by the experience, knowledge and oversight of the staff. There were instances where some people did not eat, and this was not identified as a concern, or reported onto shift leaders. This meant that no other support was provided, or actions taken to help improve their nutritional intake. The number, experience and knowledge of staff must be considered when deciding the number of staff needed to ensure that people receive consistently good care and support. (See requirement 1).

The oversight of the wings and people's outcomes was inconsistent. When the standards of care and support were below expected standards, there was a failure to address the failings with the staff member. This could have been an opportunity to improve and develop the staff member's knowledge and understanding of what was expected of them, and the standards that must be met. In order for people to experience consistently good standards of care and support, supervisors must ensure that any failings are followed up with the staff, to ensure improvements in their understanding and practices can take place. (See requirement 1).

New staff spoke positively about their induction and the support they had been provided with. They found the induction booklet and expected training completion was manageable, and did not feel under pressure to rush through these. Leaders should monitor that the good induction of new staff and their learnings, and then consistently put into practice. This will help ensure consistently good and safe care and support.

The compliance with completing mandatory training was high, and staff spoke positively about the training they had completed. However, it is important for staff to consistently put these learnings into practice in order to improve the consistency in the care provision.

Requirements

1. By 9 January 2026, the provider must ensure that there are sufficient and suitably qualified and competent staff on duty to meet the health, wellbeing, and safety of people in order to provide safe, high quality, consistent care and support for people.

This is in order to comply with section 7(1)(a) and 7(1)(b) 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:

'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).

How good is our setting?

4 - Good

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

The home was clean and odour free. There were sufficient domestics on duty to ensure that cleaning schedules were maintained. People were happy with the standard of cleanliness of their bedrooms. There were instances when dining tables were not cleaned after breakfast, and they were found to have food remains when setting up for lunch. Staff should ensure that there is timely cleaning of tables to reduce the risk of cross contamination, and to help create a pleasant and useable space.

People liked their bedrooms, they said they were comfortable and cosy. Many bedrooms had been personalised, and this helped create welcoming and homely environments. People had comfortable armchairs, and these were mostly placed to help people see their television and view their personal items. The efforts taken with people's bedrooms had helped people settle in and feel at home.

In each wing, people had access to lounges and dining areas. Lounges had sufficient seating and side tables for people who chose to spend time in there. Some people enjoyed time with friends in the lounges and there were lovely examples of people spending time chatting with each other. People said that this companionship enriched their day. The dining rooms were not fully used, and some were not equipped to offer everyone living in the wing the opportunity to sit at the dining table. This resulted in a number of people sitting in armchairs for their meals, with a side table, or on some occasions, balancing a plate on their knee. This impacted on the social aspect of their dining experience, the ability to eat, and when people required correct seating positions due to choking risks, increased the risk of them choking. Managers responded promptly following our concerns and have reviewed the positioning of dining tables to ensure there are sufficient seats available.

Some relatives said that more could be done to fully utilise the lounges. They felt that staff could encourage and support their loved one out of their bedroom to spend time in a more social environment. It is important for everyone to be given the opportunity to have access to, and use the different areas of their home. This will help them contribute and to feel part of home life.

People had access to information in various locations. Information was easy to access and to read. The additional activity of the day board helped make it easier for people to be informed of the planned activity

for that day. The menus on the tables enabled people to take time to decide what they wanted to eat. The service recognised the importance of keeping people informed to help support them to make their own choices.

The upstairs wings were difficult to negotiate due to the layout of the building. There were no landmarks and limited signage that would help with orientation. This may impact on people's ability to mobilise around this floor, due to the difficulties in finding their way around. We will follow up at our next inspection improvements made to help orientate people to their surroundings.

How well is our care and support planned?

4 - Good

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

People's care plans were very detailed and accurate. When a change to people's health or wellbeing had occurred, the relevant plans had been updated. This meant that the information available could be used to inform how best to support people with their care and support. However, as stated in 'How well do we support people's wellbeing?', the experiences of some people were not reflective of their care plan. This resulted in poor outcomes.

Wound care documentation was fully completed, and the clear ongoing wound assessment meant that clinicians could assess if the wound was improving, or if additional input from professionals was needed.

When specialist healthcare professionals had supported people, their details were clearly recorded in the care plans. This ensured that should their input be needed again, staff would find it easy to contact them. Advice and direction given after their visits was then input into the relevant plans. This ensured that plans accurately reflected the care and support people needed to remain well.

Risk assessments were completed appropriately and updated when changes occurred. This meant that the levels of risks were clear, and could be used to inform how best to provide the care and support to keep people safe and to prevent harm. However, as stated in Key Question 1 under 'How well do we support people's wellbeing?', the experiences of some people were not reflective of their risk assessments, and this increased the risks to their safety.

Abbreviated files or 'skeleton files' were in place. These contained care summaries and the legal documentation in place. This made it easier for staff to access information to help inform them of people's care and support needs, and if there were legal powers in place.

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 wellbeing, the provider should ensure as and when medication protocols have sufficient information as to when medication should be given, and keep a record of the effectiveness of the medication.

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).

This area for improvement was made on 14 February 2025.

Action taken since then

The necessary improvements had been made to medication protocols. People who were prescribed rescue medications or as required medications, had clear protocols in place. These were detailed and informed staff of why and when to administer these medications.

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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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