

Bankfoot House Care Home Service

Beechgrove
Moffat
DG10 9RS

Telephone: 01683220073

Type of inspection:
Unannounced

Completed on:
6 November 2025

Service provided by:
Bankfoot House (Moffat) Ltd

Service provider number:
SP2003002525

Service no:
CS2003010779

About the service

Bankfoot House is a care home service registered to provide care to a maximum of 25 older people. Inclusive in this number is a maximum of three places for adults aged 50 years and above.

The provider is Bankfoot House (Moffat) Ltd.

The service is located in the town of Moffat in Dumfries and Galloway, with easy access to local amenities. Accommodation is provided over two floors; most bedrooms have en suite facilities. Each floor has shared bathing / shower rooms.

A lift provides access to the upper floor. There are communal areas within the building and access to gardens. Parking is available at the front of the building.

At the time of the inspection there were 24 people living in the care home.

About the inspection

This was an unannounced inspection which commenced on 3 November and continued on 4 November between 08:30 and 19:15. We reviewed information remotely on 5 November. Inspection feedback was provided on 6 November 2025.

The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection, we reviewed information about the 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 12 people using the service;
- spoke with one relative and received feedback via our survey from three relatives;
- Spoke with 15 staff and management and received feedback via our survey from one staff member;
- spoke with one visiting professional;
- observed practice and daily life;
- reviewed documents.

Key messages

- We observed kind and caring interactions between people living in the care home and the staff.
- The service had good links with local health and social care services.
- Support available to provide meaningful activities had increased.
- The provider should ensure staff training is up to date.
- Oversight of quality improvement required to improve.
- The reporting of information to external organisations required to improve.
- Environmental improvements within the home were being completed.
- Four previous area for improvement had not been met. We made two requirements and a further four areas for improvement.

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?	3 - Adequate
How good is our staff team?	4 - Good
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?

4 - Good

We evaluated this key question as good; there were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences.

The staff team were consistent and knew the people they supported well. We saw staff supporting people with kindness and respect, which helped create a friendly atmosphere in the care home. A few people said they sometimes had to wait for help, which suggests staff may not always be available when needed. A caring staff team assisted in supporting good outcomes for people, but the provider should also ensure enough staff are available to always provide responsive care.

There had been a positive increase in activity staff, which had strengthened the home's ability to offer a varied programme. Activities were coordinated and included contributions from external providers, such as music sessions, pet therapy and church services. Both group and one-to-one activities were offered, with opportunities available within the care home and the community. Times of one-to-one activities had been reviewed to enable people to get the most from these. Significant dates and anniversaries were celebrated, helping to create a sense of community and belonging. A recent fun day, supported by the local community, further demonstrated the home's commitment to meaningful engagement.

Nursing care was not provided by the service but was delivered by the community nursing team. Community nurses visited daily alongside Advanced Nurse Practitioner (ANP) who visited weekly; any concerns were referred to these professionals or the GP. People were supported to access external health services such as dental and podiatry care. This meant people received care which supported their health and wellbeing. An appointment tracker was in place, though some entries remained incomplete.

Oversight of people's health was supported by audits monitoring areas such as people's skin integrity and weight. Where enhanced oversight was needed this was not consistently reflected in people's personal plans. Body maps were completed but lacked dates, making it difficult to determine their current relevance. We have reported on personal plans under, What the service has done to meet any areas for improvement we made at or since the last inspection and Key question 5: How well is our care and support planned?

Staff recorded when people had experienced a fall within the care home. However, there were no clear guidelines for staff to follow in relation to monitoring people after their fall, including frequency of observations and how these were recorded. (See area for improvement 1).

The registered manager reported on the number of falls which had occurred within specific times; however, there was no falls analysis completed. (See area for improvement 2).

Overall, medication was managed well within the care home and was person centred. We made suggestions on where further improvements could be made, including monitoring the outcome of 'as required' medication and an improved medication audit tool. This would support the staff to identify the areas we raised at the time of the inspection.

Procedures were in place for staff to follow in relation to adult support and protection, which included staff training. Training records indicated that some staff had not completed this training or the refresher training

within the expected timescale. To ensure people are safeguarded the provider should ensure staff undertake recognised adult support and protection training.

People chose where they had their meals, meals were freshly prepared and options were offered. Menus were displayed in the dining room, and the food served appeared hot and appetising, people were observed enjoying their food. Drinks and snacks were available. While catering staff were familiar with people's dietary needs, including special diets, we suggested this information is clearly documented and accessible for catering staff to refer to.

Areas for improvement

1. The provider should have in place guidance for staff to follow when a person supported experiences an accident, incident or becomes unwell and requires to be 'monitored'.

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).

2. The registered manager should complete an analysis of falls that occur so learning and improvement can take place to reduce the future risk of falls.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15); and

'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, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The provider of Bankfoot House is a 'not for profit' organisation. The management of the care home is undertaken by a board of local voluntary directors. The management board was very active and there was a presence of board members within the care home. Board meetings which included the registered manager took place on a regular basis. This supported the staff management team and overall governance of the home.

The staff management structure had been reviewed, and action had been taken to strengthen it by introducing a fulltime senior deputy manager position. Guidance on roles and responsibilities was provided to staff and implemented at the end of August 2025.

The provider had quality assurance processes in place, and staff were completing audits; however, these did not identify all areas requiring action. Where further action had been identified, remedial steps were not

always followed through to completion. Although oversight trackers were in place, they were not being consistently maintained. An improvement plan had been implemented but was not being used to drive improvement across all areas of the care home. (See requirement 1).

We identified that we had not been made aware of certain issues that had occurred within the service. This was significant, as such information helps us assess the effectiveness of the quality assurance and governance systems in place, and ensures that issues are being appropriately addressed. It is necessary to further improve the internal processes for recording, reporting, and escalating incidents so that issues can be accurately tracked and reported to external agencies, including the Care Inspectorate. (See requirement 2).

Monitoring systems did not include some staff details to evidence they were appropriately registered with the Scottish Social Services Council (SSSC) or had submitted their application for registration within the appropriate timescales. (See area for improvement 1).

Policies and procedures were in place to guide staff. Where we have identified areas for improvement the management board and staff team should re familiarise themselves with these procedures and refer to best practice. We signposted the registered manager and management board to relevant best practice.

The management board demonstrated a commitment to improvement by seeking feedback from the staff team and responded to areas raised. There was also evidence of engagement with people supported, and their family members, through questionnaires and meetings, with some feedback captured in the 'You Said, We Did' format. There remains a need to strengthen how this feedback is incorporated into the service improvement plan to ensure that the voices of people using the service are meaningfully reflected.

Requirements

1. By 15 March 2026, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

This must include, but is not limited to:

- (a) assessment of the service's performance through effective audit;
- (b) develop action plans which include specific and measurable actions designed to lead to continuous improvements;
- (c) detailed timescales for completion / review;
- (d) alignment systems to best practice guidance.

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) Regulation 2011 (SSI 2011/210).

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

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

2. By 18 January 2026, the provider must ensure that the Care Inspectorate are notified of all significant events as per Care Inspectorate Notification Guidance.

This is to comply with Regulation 4(1)(b) (Records, notifications and returns) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/28).

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

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected'. (HSCS 4.18).

Areas for improvement

1. The provider should improve their oversight of the Scottish Social Services Council (SSSC) requirements and ensure staff are appropriately registered within the required timescales.

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 staff team?

4 - Good

We evaluated this key question as good, there were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences.

We received positive feedback on staff from people supported, and visitors to the care home. People described staff as "very helpful, friendly, caring, showing kindness and working well as a team". However, people also thought there were some occasions when there was not enough staff, referring to some afternoons, evenings and overnight.

New employees went through a recruitment process, prior to commencing within the care home. We suggested improvements that should be made to records to evidence the checks completed.

Staff completed an induction which included shadow shifts and training to equip staff with the knowledge and confidence to support people safely. There was an absence of competency checks or learning and development planning to monitor staff skills and any learning needs.

The provider used a dependency assessment tool to determine the number of staff needed to meet people's care and support needs and the deployment of staff took place each shift. An area for improvement was made relating to staffing levels following an upheld complaint in May 2025. We have reported on this under, What the service has done to meet any areas for improvement we made at or since the last inspection.

During the inspection visit staff presence was observed throughout the care home. People were using their

call systems to alert staff when assistance was required. Staff were observed to be attentive to people's needs in a responsive manner. Some people told us there were occasional delays in receiving support. The provider had a system in place which will enable them to monitor staff response time and support any improvements needed in this area to maintaining consistent responsiveness.

Staff told us they enjoyed their role and spoke positively about the care home and being able to raise concerns. Formal support was provided to staff through supervision, team meetings and staff training.

The staff supervision tracker outlined sessions which had taken place. While staff we spoke with confirmed receiving supervision, session frequency lacked consistency, and the records showed limited follow-up or evidence of reflective practice.

Team meetings acknowledge staff efforts and identify follow-up actions, but these were not clearly assigned or tracked. Minutes focused on information sharing and lacked recordings of staff interaction and feedback.

The registered manager should strengthen oversight of staff training to ensure all required training, including refresher training is completed within expected timescales. Implementing regular competency checks would help confirm staff are adhering to best practices. Without training and monitoring, there is a risk that staff may lack the necessary skills and knowledge to meet people's needs safely. (See area for improvement 1).

The management board provided support to the staff team, and we heard of recent joint work being carried out where staff were able to share their feedback to support improvements within the service. The management board had also provided dedicated support sessions to the staff team on specific topics.

We thought staff worked in a caring and sensitive manner and were motivated in their role. This resulted in a positive environment where people's support was stable because staff worked well together.

Areas for improvement

1. To support good outcomes for people staff should be trained and have the necessary skills. Competency assessments should be completed to evaluate staff skills and knowledge against legislation and best practice. Competency assessment records should also evidence any areas for improvement and how these will be met.

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. There were a number of important strengths which taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The care home is a converted and extended two-storey property. A rear extension had been added to the building, and a lift provided access to the upper floor.

Overall, the care home was welcoming, clean and well maintained. People had access to comfortable communal areas within the care home. An enclosed courtyard and front garden offered people places to spend time outside. The top floor features corridors that allowed people to walk around and enjoy scenic views of the countryside and garden through several large windows.

The registered manager had completed the Kings Fund Tool which is an environmental assessment tool. Areas identified to further improve the environment should be included within the service's improvement plan. Reviewing the wayfinding signage would support people with orientation around the care home.

People's bedrooms were comfortable and personalised. Bedrooms had been furnished with personal belongings and items of their own furniture, creating a homely and familiar atmosphere. These features supported people's comfort and contributed to their overall wellbeing.

The provider continued to make environmental improvements to the care home, which this year included a plan to upgrade the en-suite bathrooms. This work had commenced and will improve outcomes for people.

Arrangements were in place for external contractors to attend the care home to service areas such as lifting equipment, water systems and appliances in line with recommended guidance.

Systems were in place for the ongoing monitoring and maintenance of the building. Where areas had been identified as needing further action, such as excessive temperature of hot water outlets or hot surfaces, risk assessments should be put in place until necessary remedial action is taken to reduce risk to people.

Housekeeping staff had environmental cleaning schedules in place and completed deep cleans of people's bedrooms, which took place on 'resident of the day'. The registered manager should ensure roles and responsibilities are clear in relation to cleaning of specific equipment such as nebuliser masks, specialised chairs and shared equipment. We found a number of pressure relieving cushions to be stained and shared mechanical hoists to require cleaning, with no records in place to evidence when last cleaned.

Staff should understand best infection prevention and control practices and implement these in the work they do to reduce risk to people. We referred the manager to the Care Home Infection Prevention and Control Manual (CH IPCM).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The registered manager or a chosen staff member should be involved prior to someone moving into the care home. This is to assess people's needs to make sure the service provided can meet these properly. We have reported on this under, What the service has done to meet any areas for improvement we made at or since the last inspection.

All people's personal plans were now stored electronically; some plans needed to include more information

or required to be updated. Staff were aiming to review plans monthly. Improved oversight of personal plans would ensure they were up to date. We have reported on personal plans under, What the service has done to meet any areas for improvement we made at or since the last inspection. We have continued this area for improvement and signposted the provider to Personal Planning Guide for Providers available on the Care Inspectorate webpage.

The provider completed a "Resident of the Day" system. People we spoke with confirmed the process was taking place, and documentation supported this. The monthly reviews included feedback from people, monitoring of areas such as people's weight, infections, falls experienced as well as input from catering, housekeeping, and activity staff. When consistently completed, this helps ensure care remained responsive, and up to date for people.

Not all people had received a six-monthly review. The registered manager and staff had completed some. The provider should improve the consistency and timeliness of six-monthly care reviews. We have reported on this under, What the service has done to meet any areas for improvement we made at or since the last inspection.

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

Prior to admission to the home the registered manager or appointed staff member should complete an assessment of people's needs. This is to determine that the service is able to provide the correct level of care and support required.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected'. (HSCS 4.18).

This area for improvement was made on 19 September 2024.

Action taken since then

Since the last inspection, there had been new admissions to the service. One person was visited prior to moving into the care home. Although some information was recorded, the documentation should be reviewed to ensure it captures appropriate and essential details.

For other people who had recently moved into the care home, no pre-admission records were completed by the provider prior to their admission.

The provider should review the pre-admission procedures and establish clear guidance for the information that should be captured. This will help ensure the service is appropriate to meet people's needs.

This area for improvement had not been met.

Previous area for improvement 2

To ensure people receive the care and support required to meet their needs, the service provider should review and update information within people's personal plans. This includes reviewing health assessments and updating people's care plans where required.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15).

This area for improvement was made on 11 May 2022.

Action taken since then

All people supported had a digital personal plan in place. While some plans contained detailed information, others lacked information about people's life history and what was important to them.

Staff aimed to review care plans monthly; however, we found that some assessments and care plans had not been updated within the expected timescales and were overdue.

The electronic system in place allowed for the inclusion of additional assessments. The manager should review the benefits of completing these assessments, either based on individuals' needs or to help establish those needs.

Some information within the personal plans needed to be updated. We also found sections of the plans to be unclear and lacking sufficient guidance.

Clear guidance should be included in care plans where aspects of care and support requires monitoring as monitoring records were inconsistently completed and care plans did not specify what should be monitored.

This area for improvement had not been met.

Previous area for improvement 3

People should have the opportunity to review their care and support at least six-monthly, or earlier if required. The provider should coordinate review meetings with people and where appropriate, include family members or their representative.

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

'I am involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change'. (HSCS 1.12).

This area for improvement was made on 11 May 2022.

Action taken since then

A system was in place to monitor people's six-monthly reviews. Some reviews had taken place, however, these had not all been completed for everyone on a six-monthly basis. Requests to plan review meetings had taken place with families, but the plans for these were still to be finalised. The overview of six-monthly reviews needed to be updated to also ensure this was an accurate record.

This area for improvement had not been met.

Previous area for improvement 4

To ensure that people's care and support needs are met with a responsive and person-led approach, the manager should ensure that staffing arrangements are safe. This includes, but is not limited to, regular assessment and review of people's care needs, using a multi-angled approach to inform staffing arrangements and implementing robust quality assurance systems to demonstrate consistency and management oversight.

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

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

This area for improvement was made following an upheld complaint.

This area for improvement was made on 12 May 2025.

Action taken since then

The registered manager had introduced a new tool to assess people's care needs, the plan was to complete this tool monthly or more frequently when required. We sampled the data that had been entered into the tool and noted some updates were required to make this more reflective of people's current needs. Safe staffing levels had been identified by the registered manager, a review of the rotas confirmed there were occasions when the number of staff had gone below the assessed level. We were informed this was because of short notice absences. We did not view management oversight or a contingency plan to maintain consistent safe staffing levels.

This area for improvement had not been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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