

## Ardnahein Care Care Home Service

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Dunoon  
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Telephone: 01369 703 371

**Type of inspection:**  
Unannounced

**Completed on:**  
7 November 2025

**Service provided by:**  
Ardnahein Care Ltd

**Service provider number:**  
SP2014012301

**Service no:**  
CS2014325883

## About the service

Ardnahein Care is a care home registered for 30 older people. The provider is The Heidi Group Ltd. There were 28 people living in the home at the time of the inspection. The service is provided from a three-storey detached villa located in a residential area, close to Dunoon town centre. It has good access to local amenities including shops, bus routes and ferry links.

The care home provides single bedroom accommodation over three floors. Three bedrooms have ensuite shower facilities and 11 have an ensuite toilet. There are shared toilets and bathrooms on each floor. The home has a dining room on two floors and a lounge and sitting areas on all floors. A garden is accessible from either side of the building and a garden dome is located at the front of the building.

## About the inspection

This was an unannounced inspection which took place on 4, 5 November 2025 between the hours of 07:00 and 18:30. Two inspectors from the Care Inspectorate carried out the inspection.

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 10 people using the service and seven of their family/friends
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional

We also took account of feedback from 23 completed Care Inspectorate surveys.

## Key messages

People experienced person-centred, compassionate care from the staff team.

People's choices were respected and their views sought and valued by staff.

The staff team were skilled and knowledgeable, led by a dedicated leadership team.

People's health and wellbeing was very well supported including safe and effective administration of medication and positive mealtime experiences.

Personal plans were reviewed and updated regularly with relevant risks assessment in place.

Completion of planned structural works are needed to ensure continued safe operation of the service.

## 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?	5 - Very Good
How good is our setting?	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?

## 5 - Very Good

We evaluated this key question as very good, finding significant strengths in aspects of the care provided, which supported positive outcomes for people.

Staff were compassionate and caring towards people. People told us they liked staff, felt comfortable asking for help, and were confident staff would respond promptly.

Several relatives described the home as a 'family' environment, praising staff professionalism and training; 'staff are amazing', 'everyone is professional, understanding and well trained', staff have 'given X new lease of life'. Family members felt people were encouraged to participate in activities and outings and that they were kept well informed about any changes or concerns regarding their loved ones. Feedback from families highlighted strong communication and a culture that prioritised wellbeing for people supported, families and staff.

Staff also echoed the positive ethos of the care home. All staff we spoke to felt there was a supportive culture and the leadership team valued the importance of staff wellbeing. The importance of wellbeing was noted by staff, not only in relation to residents but also to residents' families. A few family members spoke of being signposted to and making use of mental health and wellbeing support offered externally.

People's choices were respected and their views sought and valued by staff. The provider used several different ways to gather the views of people supported and their families. This included residents' meetings, informal 'coffee and catch up' and families' meetings. It is important the service continues to gather meaningful feedback from people ensuring people's health and wellbeing continues to benefit from the care they receive.

Mealtime experiences were positive and person-centred. Feedback on the quality of food was positive from people. People could choose meals in advance using photographs as visual aids. The provider actively promoted choice and engagement, including sharing menus on social media. People supported were also able to choose their dessert from a trolley of three options at mealtimes. This again promoted visual choices, in the moment, which people appeared to really enjoy. People who required support with eating and drinking received this. We discussed ensuring adequate time is taken for this support during mealtimes and if support is required this is carried out in a dignified way also ensuring safety.

Staff demonstrated an understanding of people's dietary needs, with one staff member particularly promoting milkshakes as part of encouraging fortified diets. People's food and fluid intake was monitored. We discussed with the provider ensuring continual oversight of individual fluid intakes and when this may be required to change for example in relation to changes in physical health needs. This is to ensure care and support continues to meet people's health needs and is right for people supported.

Personal plans were comprehensive and regularly updated. The provider had made recent improvements ensuring personal plans clearly reflected people's health and wellbeing needs. Future care and support needs were anticipated including individuals' wishes for end of life care. We saw detailed health assessments for example around skin care plans and catheter care and these included input from external professionals. Personal plans included effective risk assessment and strategies for support for example stress and distress plans, falls risk strategies, and skin integrity checks. This supported improved outcomes for people and reduced risk.

Stress and distress behaviours observed for people were minimal and when these occurred individuals were supported sensitively by the staff team using personalised approaches.

Staff's communication also highlighted they had a very good understanding and awareness of individuals' health and wellbeing needs. This was evident from discussions with staff and information shared within shift handovers and team discussions. This meant that people supported received care and support that met their needs and kept them safe from harm.

From discussions with staff we were assured that they understood the roles of external specialist agencies and when these professionals might be required to be involved in a person's care; speech and language therapy, district nurses. We discussed with staff the importance of ensuring older health assessment information is removed from personal plans because if changes are made and information is no longer accurate people may not receive the correct health care, for example eating and drinking modifications. This ensures no unnecessary restrictions are in place and people supported have maximum, independence, control and choice.

Medication management was an area of particular strength, with robust electronic systems ensuring safety whilst promoting independence for people supported. There was a robust system for administration of controlled drugs with twice daily staff checks. We saw medication was stored securely in peoples' own rooms. People had 'as required' medication protocols which were suitably detailed, clear and up to date. Observations of practice and a medication audit system was in place which provided assurance any errors or omissions would be captured and suitably managed. A recent pharmacy audit also further highlighted safe medication practice was observed in the care home.

People were supported to manage their money safely. There was a clear, process to keep people's finances safe if they were unable to do so themselves. The provider demonstrated understanding and oversight of this and a system was in place to safeguard people and their interests from harm.

People's emotional and psychological needs were met through meaningful activities, community involvement, and strong connections with family and friends. We saw evidence of some community involvement via partnerships with schools and nurseries to provide inclusive, intergenerational events which had a positive impact on peoples' wellbeing. The provider highlighted continued community engagement is a area of key focus.

Overall, the service demonstrated a strong commitment to dignity, choice, and wellbeing, resulting in consistently positive experiences for people.

## How good is our setting?

## 5 - Very Good

We evaluated this key question as very good, finding significant strengths in aspects of the care provided, which supported positive outcomes for people.

The setting was comfortable and homely, creating a welcoming environment for people. It was clean, free from noise and unpleasant odours. Relatives described the home as "spotlessly clean" with rooms that were personalised. There were thoughtfully designed spaces, including cosy corners and quieter areas for those who wished to spend time away from communal lounges. Displays and themed boards, highlighted seasonal events such as Halloween or the recent Olympic Games which added interest and supported engagement.

The garden was well maintained and accessible, even during winter. Safety checks on equipment such as hoists, slings, and assisted baths were up to date. Staff were trained in their use. Directional signage and infection prevention and control signage were clear, and a winter preparedness plan was in place.

Laundry and cleaning systems were well managed, with daily , weekly and monthly checks completed. Safety certificates were in place. Fire safety arrangements included drills, personal emergency evacuation plans, and planned training for fire marshals. Evacuation chairs were available, and regular maintenance checks were evident. Action was taken promptly during the inspection to replace broken bins. This ensured people supported experienced an environment which was safe and well maintained.

Structural works regarding the bay windows at the front of the building had been identified as requiring urgent remedial action. The planning of these works was already in progress and the provider demonstrated a good oversight of this. The provider should ensure people supported, relatives, and the Care Inspectorate are kept updated on progress and any changes being implemented to minimise disruption to people living in the home.

These strengths meant people experienced a safe, clean, and homely environment that supported their wellbeing and comfort. The thoughtful layout and quality of fittings enhanced people's daily experiences and provided opportunities for choice and engagement. Addressing the structural works will ensure the setting continues to promote safety and positive outcomes.

## 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

1. To ensure people are protected by safely recruited individuals, the provider should:

- a) Ensure due diligence is taken when requesting and receiving references for new staff to make sure these have come from valid and legitimate sources
- b) Ensure organisational reference request pro forma is in line with safer recruitment guidance
- c) Maintain signed and verified copies of right to work documentation ensuring the original documents have been seen

**This area for improvement was made on 8 November 2025.**

#### Action taken since then

The provider had developed a checklist and ensured references were clearly from a legitimate source and made these reference requests in line with the policy.

Safer recruitment guidance was referred to throughout the recruitment process. Right to work checks were clear and evidenced. However, we also noted that there were employment gaps not explored, which was addressed during the inspection.

This area for improvement is met.

#### Previous area for improvement 2

Daily recording should be outcome focused and provide a clear narrative, while considering all aspects of residents' wellbeing, which includes meaningful activities. The manager should ensure staff are confident and competent when completing these daily records.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23) and 'My care and support meets my needs and is right for me.' (HSCS 1.19)

**This area for improvement was made on 4 May 2022.**

#### Action taken since then

The provider had completed focussed development of personal plans and daily recording. This was reflected in the recording of purposeful activities which now could be clearly seen across individuals' personal plans.

Staff appeared to be confident and competent in recording activities. Recording accurately reflected discussions with residents for example completion of a wishing tree and personal future plans alongside evaluating formal activities for example physiotherapy and music therapy.

The information provided by staff also supported the compilation of a monthly newsletter, which detailed lots of activities within the service. This was provided electronically and paper copies given to people supported, staff and families/loved ones.

This area for improvement has been met.

## Previous area for improvement 3

To support people's wellbeing and ensure care and support reflects people's choices, wishes and current needs, the provider should ensure personal plans are reviewed every six months, or following a significant change. People's views should be included in the review process.

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

'I am fully 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 4 May 2022.**

### Action taken since then

Personal plans were reviewed during resident of the day and updated when there were any changes to peoples' care and support. There had been recent updates to all personal plans sampled. Relatives told us they had been involved in reviews of their loved ones care.

The majority of six month formal reviews had been held or arranged, with a plan in place to capture the few outstanding reviews. There was discussion with the provider around uploading of six monthly review meeting minutes as good practice into personal plans. However we appreciated there had been some challenges to do so within the provider's recording system. These were held separately and able to be seen.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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