

# Buckreddan Care Centre Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
6 November 2025

**Service provided by:**  
Buckreddan Partnership

**Service provider number:**  
SP2003002258

**Service no:**  
CS2003010255

## About the service

Buckreddan Care Centre is a care home for older people, situated in a residential area of Kilwinning close to local transport links, shops, and community services. The provider is Buckreddan Partnership.

The service has been registered to provide a care service to a maximum of 125 clients aged 50 years and over with assessed care needs. Inclusive are a maximum of 10 places for clients with complex care needs who may be below 50 years of age. The care will be provided with 78 places in Eglington unit and 47 in Garnock unit.

Residents have single rooms, most of which have en-suite toilet and shower facilities, with many incorporating a sitting area. Each building has its own kitchen and laundry service areas. Residents have access to a number of lounges, dining areas and an on-site hairdresser salon.

There are some small secure outdoor spaces for people to access.

## About the inspection

This was an unannounced inspection which took place from 30 October to 6 November 2025. The inspection was carried out by eight 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 17 people using the service and 15 of their family
- spoke with 23 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

## Key messages

- Significant weaknesses impacted people's experiences of care, resulting in an overall evaluation of weak across key questions. While some staff demonstrated compassion and commitment, improvements are needed to ensure dignity and respectful engagement are consistently upheld.
- Health and wellbeing outcomes require strengthening through better care planning, including improvements in documentation, mealtime support, and medication competency.
- Opportunities for meaningful engagement were often missed, leaving some people isolated or disengaged.
- Quality assurance and governance needed to become more proactive and outcome-focused.
- Staffing arrangements and skills needed to be developed to deliver consistently safe, person-centred care.
- The environment required to be improved to promote dignity, comfort, and effective infection prevention and control.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

### Quality Indicator 1.1 - People experience compassion, dignity and respect.

We observed examples of compassionate care, particularly from long-serving staff who knew residents well and responded with sensitivity. These interactions can foster trust and emotional security. However, many routines and engagements were task-focused, and some staff failed to interact respectfully. People were left with meals untouched, poorly assisted, or wearing marked clothing, and several were moved in wheelchairs without consent or engagement. These practices undermine dignity, reduce emotional wellbeing, and may contribute to feelings of helplessness or distress.

Communication barriers were evident, particularly among overseas staff, which affected the quality of engagement, especially for people living with dementia. Residents with communication needs were not consistently supported with appropriate aids or inclusive approaches (**see area for improvement 1**). When communication is ineffective, people may struggle to express needs, preferences, or discomfort, increasing the risk of unmet needs and emotional isolation.

Observations highlighted poor quality interactions between staff and residents. Staff did not always respond appropriately to signs of distress, and some residents appeared disengaged or isolated. While some staff showed initiative and genuine care, the lack of consistent person-centred communication was concerning (**see area for improvement 2**).

Without respectful and responsive engagement, people may experience increased stress and distress, particularly those with cognitive impairments. To improve, the provider should ensure staff receive training in dementia awareness and respectful communication, supported by regular observation of practice and access to communication aids. Consistent use of person-centred approaches is essential to uphold dignity, reduce distress, and promote emotional wellbeing.

### Quality Indicator 1.2 - People get the most out of life.

The service had developed themed clubs and activity schedules based on resident surveys, showing responsiveness to preferences. A full activities team was in place, and some residents reported enjoying structured routines. However, engagement was inconsistent, particularly for those who spent time in their rooms or had complex needs. Without inclusive and tailored activity provision, people may experience boredom, loneliness, and reduced wellbeing.

Personal plans did not consistently reflect people's needs, wishes and aspirations for activities. Care plans were not meaningfully evaluated. Missed opportunities for engagement meant some residents were unable to participate meaningfully. Younger residents and those with mobility needs were not always supported to engage in ways that suited their interests or abilities (**see area for improvement 3**).

While some staff showed enthusiasm and initiative, others were unclear about their role in promoting engagement. The large size and layout of the Eglinton unit further hindered participation and inclusion.

Without consistent and meaningful activity, people may feel disconnected from daily life, which can negatively affect mood, motivation, and overall wellbeing.

### Quality Indicator 1.3 - People's health and wellbeing benefits from their care and support.

Nutrition and hydration oversight was in place, with fluid intake monitored and nutritional risk assessment scores calculated. Meals were generally well-prepared, and the kitchen team showed awareness of preferences. However, dining experiences were often not well managed, with poor seating positions, noise, and lack of engagement. People were found with cold meals and no suitable assistance (**see requirement 1**). These conditions can lead to poor nutritional intake, increased risk of malnutrition, and reduced enjoyment of mealtimes, which are important social and wellbeing moments.

The quality of care documentation was inconsistent. The electronic system failed to record positional changes accurately, and some wound care records were unreliable. Duplicate photos and missing entries undermined clinical oversight. Staff struggled to retrieve historical data of positional changes, and evidence of following external professional advice was not always robust (**see requirement 2**). Inconsistent quality of documentation can compromise the ability to monitor health conditions, respond to risks, and provide safe, coordinated care.

Medication errors were observed by inspectors, including administration without checking medication administration charts. End-of-life care planning lacked detail and review, and anticipatory care plans were incomplete. These issues pose risks to safety, comfort, and dignity, particularly for people with complex health needs or nearing the end of life. To improve, the provider must strengthen documentation systems, ensure robust clinical oversight, and support staff to deliver safe, responsive care that promotes health, comfort, and dignity.

### Requirements

1. By 9 December 2025, the provider must ensure people experience safe, dignified, and person-centred mealtimes that promote nutrition, wellbeing, and comfort.

To do this, the provider must, at a minimum:

- a) ensure staff follow people's nutritional assessments and preferences
- b) ensure people who require support receive timely and appropriate assistance
- c) position people safely when eating and drinking
- d) ensure appropriate seating and adaptive equipment is consistently available and used
- e) carry out regular direct observations of mealtime practice and take effective action to ensure consistently good practice.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8 of the Health and Social Care Staffing (Scotland) Act 2019.

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

'I am supported to eat and drink in a dignified way' (HSCS 1.34)

and

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

2. By 24 February 2026, the provider must ensure people experience consistent, safe care through accurate, up-to-date, person-centred care planning and records.

To do this, the provider must, at a minimum:

- a) ensure personal plans accurately reflect current assessed needs and preferences
- b) record clinical care consistently, including wound care, repositioning, nutrition and bladder care
- c) ensure staff follow and document external professional guidance
- d) ensure effective auditing systems for care plans and records and act promptly on findings.

This is to comply with Regulation 4(1)(a) and Regulation 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

and

'My care and support meets my needs and is right for me' (HSCS 1.19).

## Areas for improvement

1.

To promote dignity and emotional wellbeing, the provider should ensure staff consistently demonstrate warmth, respect and person-centred communication.

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

'I experience people speaking and listening to me in a way that is courteous and respectful' (HSCS 3.7).

2. The provider should ensure people have access to appropriate communication support, including aids, culturally sensitive practice and staff communication skills.

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

'I am supported to communicate in a way that is right for me' (HSCS 2.3).

3. To support wellbeing, the provider should ensure people, including those who spend time in their rooms, experience regular, meaningful engagement and activity.

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

'I can choose to have an active life and participate in a range of activities every day' (HSCS 1.25).

## How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Management had introduced revised documentation formats and weekly flash meetings, indicating a focus on improvement. Collaboration with external support teams was evident, and some well-formulated action plans were in place. However, most self-evaluation documents were reactive and lacked follow-up or outcome measurement. Without a clear link to outcomes or ongoing review, it is difficult to assess whether changes are making a positive difference for people using the service. This limits the ability to drive meaningful improvement and ensure that care is responsive to people's evolving needs.

Responses to poor practice tended to focus more on accountability than on supporting improvement. While accountability is important, an overemphasis on blame can discourage learning and reflection. Limited evidence of coaching and a lack of effective leadership at all levels meant staff were not consistently supported to develop their practice. This can lead to repeated issues, missed opportunities for improvement, and poorer experiences for people receiving care.

Governance issues included a reactive approach to leadership, with limited evidence of proactive action to address poor practice or create opportunities for improvement before concerns were raised externally. This reactive approach increased the risk that issues affecting people's safety, dignity, and wellbeing could go unnoticed until they escalate. Quality assurance processes did not consistently identify or respond to risks such as infection prevention and control and fire safety. Without robust and regularly reviewed quality assurance tools, poor practice and hazards may persist, placing people at risk and undermining efforts to deliver high-quality care.

To improve, the provider must strengthen governance by embedding proactive leadership, outcome-focused evaluation, and continuous learning. This will help ensure that care is safe, responsive, and aligned with what matters most to the people who use the service (**see requirement 1**).

### Requirements

1. By 24 February 2026, the provider must strengthen governance and quality assurance systems to ensure care is safe, responsive, and continuously improving.

To do this, the provider must, at a minimum:

- a) implement a proactive and outcome-focused self-evaluation process that includes regular review, follow-up, and measurement of impact on people's experiences
- b) ensure quality assurance tools are robust, regularly reviewed, and effectively identify and respond to risks such as poor practice, infection control, and fire safety
- c) embed a culture of continuous learning by providing on-the-floor coaching and updating supervision formats to support staff development
- d) ensure responses to poor practice focus on improvement and learning, not solely accountability
- e) demonstrate leadership that anticipates and addresses concerns before they escalate, through regular

monitoring and reflective practice

f) promote and embed leadership and accountability at all levels of staff and across all job roles.

This is to comply with: Regulation 4(1)(a) and (d) (Welfare of 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:

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

and

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

## How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Long-serving staff showed dedication and good knowledge of individual residents, and some staff were praised by relatives. However, the service's evaluation of staffing was not linked to people's personal outcomes. The service relied mainly on a staffing calculation tool based on basic needs, without sufficient evidence of taking other important factors into account, such as care plan evaluations, the environment, quality assurance outcomes and incidents (**see requirement 1**).

Inspectors noted communication challenges, which at times affected the quality of interactions, and occasionally led to misunderstandings. Good communication is essential for maintaining people's dignity, emotional wellbeing, and ensuring they can express preferences or concerns. To address this, the service should consider targeted support such as language development resources, mentoring, or confidence-building training for staff. This would help strengthen communication skills and promote positive, person-centred interactions.

Staff deployment was inconsistent and there was a lack of supervision during key times. Staff often appeared task focussed and lacked situational awareness and confidence to engage positively with people. These issues can result in unmet needs, reduced safety, and missed opportunities to provide timely support.

Staff lacked sufficient awareness of dementia and the communication skills needed to support people in a person-centred way. This limited their ability to recognise and respond appropriately to individual needs, preferences, and behaviours. As a result, people living with dementia were at greater risk of experiencing stress and distress, particularly during personal care and busy periods. Missed opportunities to engage meaningfully or provide reassurance can lead to increased anxiety, reduced wellbeing, and a sense of isolation. Supporting staff to develop dementia-skilled approaches is essential to promote comfort, dignity, and positive experiences for people receiving care (**see requirement 2**).

## Requirements

1. By 24 February 2025, to ensure that people's care and support needs are met in a safe and high quality care service, the provider must ensure staffing arrangements are safe and effective.

To do this, the provider must, at a minimum:

- a) regularly assess and review people's care and support needs
- b) demonstrate how the outcome of people's assessments are used to inform the staffing number and arrangements
- c) implement quality assurance systems to evaluate care outcomes and assess if staffing arrangements are effective in providing responsive, person-centred support and the best good outcomes for service users.

This is in order to comply with section 7(1)(a) 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).

2. By 24 February 2026, to promote the safety and wellbeing of people, the provider must ensure that staff receive essential training and development opportunities to enable them to be competent in their roles.

To do this the provider must at a minimum:

- a) undertake a training needs analysis to identify what training and development is required for each role
- b) arrange appropriate training and ensure that the pace of training completion reflects the need for improvement
- c) implement effective quality assurance systems to evaluate the effectiveness of training and development opportunities and ongoing competency of staff.

This is to comply with section 8(1)(a) 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?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Some refurbished areas supported more positive dining experiences, and access to outdoor spaces was available, which can contribute to improved wellbeing. However, we observed stained carpets, exposed radiator covers, and unpleasant odours in some areas. This detracted from a homely and dignified environment. Some communal bathrooms lacked privacy, and clinical waste was visible in outdoor areas, raising concerns about infection prevention and control and respect for people's dignity.

Personal protective equipment (PPE) stations were inconsistently stocked, and hygiene standards varied. Infection control practices were compromised by dirty bed rail covers and PPE and towels sitting openly in communal lounges, increasing the risk of harm and undermining people's safety (**see requirement 1**).

Some environmental issues identified in previous inspections remained unresolved. We found that bedlinen and towels were of poor quality. The very large Eglington unit did not provide a homely, easy to navigate environment. Many people appeared isolated and disengaged. These factors contributed to emotional discomfort and reduced the overall quality of the living experience.

Without consistent attention to environmental standards, people may experience poorer outcomes, including increased risk of infection, reduced comfort, and a lack of dignity in their daily lives. The provider must address environmental hazards, enhance cleanliness, and ensure facilities promote engagement and orientation. Regular audits and maintenance are essential to uphold standards and support better experiences for people living in the service **(see area for improvement 1)**.

## Requirements

1. By 9 December 2025, the provider must ensure that infection prevention and control practice is safe, robust and consistently implemented.

To do this, the provider must, at a minimum:

- a) ensure all areas of the home are clean, hygienic and free from malodour
- b) ensure PPE stations are appropriately stocked and accessible at all times
- c) ensure waste is stored and disposed of safely and external areas remain clean
- d) implement regular infection prevention and control audits and take prompt action on identified issues.

This is to comply with Regulation 4(1)(a) and 10(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

## Areas for improvement

1. The provider should improve the environment to ensure all areas are clean, well-maintained, free from odour and feel homely and comfortable.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises.' (HSCS 5.22)

## How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People's care care plans included some person-centred elements, such as an "About Me" section. However, we also found examples of care plans that lacked important detail and care plans that had not been updated to reflect people's current needs and abilities.

The service facilitated regular, six-monthly reviews of care, including social work reviews. However, care plans were not meaningfully evaluated or linked to personal outcomes. This increased the risk of task-driven, ineffective care. It also reduced the ability to respond to changing needs, preferences, or aspirations. Progress was harder to track, and it was unclear if care improved wellbeing and quality of life. Regular meaningful evaluations should keep care plans relevant, effective, and focused on what mattered most to the person.

In some examples, the care planning and documentation system did not support effective monitoring, and staff found it difficult to access past information. This made it harder to track progress or spot patterns, which in turn affected the service's ability to respond to issues early and support better outcomes for people.

In some areas, such as wound care, a lack of robust documentation meant that staff did not always have the right information needed to deliver appropriate support (**see requirement 2 in section 'How well do we support people's wellbeing'**). Anticipatory care plans lacked detail. Anticipatory care plans (ACPs) are important because they help ensure that people receive care that reflects their wishes and needs as their health changes. In a care home setting, ACPs support good outcomes by guiding staff to make timely, person-centred decisions, especially during periods of deterioration or crisis. When ACPs lack detail, staff may not have clear guidance on preferences for treatment or end-of-life care, which can lead to delays, unnecessary interventions, or care that does not align with what matters most to the individual (**see area for improvement 1**).

Good communication between a care home and families is essential because it helps build trust, ensures families are informed about their loved one's wellbeing, and supports shared decision-making. It also provides reassurance, reduces anxiety, and enables families to contribute valuable insights about the person's preferences and history, which can improve the quality and consistency of care. A previous area for improvement for demonstrating that systems are in place to support the effective communication with families was not met. Several families still found that there were ongoing problems which effective communication, or with the reliable passing on of information.

### Areas for improvement

1. To ensure people's wishes and preferences for future care are respected and clearly documented, the provider should improve the development and use of anticipatory care plans. These plans should be person-centred, regularly reviewed, and include input from the individual, their representatives, and relevant professionals.

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

“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

“I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services” (HSCS 1.28).

## 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

Activities should continue to develop within the service. We saw some good examples from the existing staff and this needs to be further developed by demonstrating involvement and assessment of people's likes dislikes hobbies and activities they take part in. The service are currently recruiting more activity staff as this is a large care home this would help bolster the activity team and ensure there is enough staff to ensure a regular consistent activity programme is implemented.

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

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

and

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day both indoors and outdoors' (HSCS 1.25).

**This area for improvement was made on 3 May 2024.**

#### Action taken since then

This inspection found that many people, particularly those living in Eglinton unit, continue to lack sufficient access to regular, meaningful activities which support their interests and abilities.

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

#### Previous area for improvement 2

The provider must ensure that the environment of the home is safe and protects people who live, visit and work in the service from harm. To do this, the provider must, at a minimum ensure that:

- a) there are effective systems in place to assess and monitor the health and safety requirements for the care home;
- b) guidance from external stakeholders such as the Scottish Fire and Rescue Service and the Health and Safety Executive are adhered to;
- c) staff assigned health and safety responsibilities must have appropriate training for the role, including fire safety and COSHH;
- d) arrangements are made to ensure that appropriately trained personnel are available to cover absence of

the staff assigned health and safety roles; and

e) there is a system to verify that health and safety checks have been carried out and action taken to address identified issues.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My environment is secure and safe' (HSCS 5.17).

**This area for improvement was made on 16 April 2025.**

### Action taken since then

The provider had recently failed a fire safety audit by the Scottish fire and rescue service. The provider had acknowledged that urgent work was required and work to improve fire safety measures was underway during this inspection.

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

## Previous area for improvement 3

The provider should ensure that the information and content of the electronic care planning is reflected across other documentation such as past life history, preferences, likes, dislikes and hobbies. This helps to create a more person centred approach and also ensure consistency of approach, in particular when responding to individual's physical presentation and also taking account of individual's choices, preferences and abilities.

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 16 April 2025.**

### Action taken since then

We found that people's care and support plans needed significant improvement, to ensure that they included up-to-date, person-centred detail and to ensure that care plans are regularly evaluated. Anticipatory care plans lacked detail.

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

## Previous area for improvement 4

The provider must ensure that people experiencing care are able to independently access safe and secure outside space and those who are able can do so independently when they wish.

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

'If I live in a care home, I can use a private garden' (HSCS 5.23)

and

'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

**This area for improvement was made on 16 April 2025.**

**Action taken since then**

This area for improvement was not evaluated during this inspection, as the visit was prioritised to provide assurance on how the service supports people's safety and wellbeing.

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

**Previous area for improvement 5**

The manager should ensure that a detailed inventory of people's personal clothing and property is completed on admission to the care service and is updated as necessary throughout their stay.

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

'My human rights are protected and promoted and I experience no discrimination' (HSCS 1.2).

**This area for improvement was made on 10 July 2025.**

**Action taken since then**

This area for improvement was not evaluated during this inspection, as the visit was prioritised to provide assurance on how the service supports people's safety and wellbeing.

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

**Previous area for improvement 6**

The manager should demonstrate that systems are in place to support the effective communication with family/representatives of people experiencing care. A record of the agreed arrangements and all communication made and received should be maintained.

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 is consistent and stable because people work together well' (HSCS 3.19).

**This area for improvement was made on 7 May 2025.**

**Action taken since then**

Whilst some families we spoke to found that communication with the service was good, others continued to find communication with staff a source of stress. A relative said "When you phone the unit, its rare that anyone answers the phone". Another relative found "The staff are talkative but some of the overseas carers cant understand what X is saying to them, but neither can I. Communication is not always reliable. They are not good at keeping in touch with me and when I phone them they say they will find out and get back to me but they never do". This showed that more work was needed by the service to improve standards of communication with families.

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

**Previous area for improvement 7**

The manager should ensure that people's oral healthcare needs are appropriately assessed, planned and reviewed. A record of all assistance with oral care should be maintained.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

**This area for improvement was made on 7 May 2025.**

### Action taken since then

This area for improvement was not evaluated during this inspection, as the visit was prioritised to provide assurance on how the service supports people's safety and wellbeing.

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

## Previous area for improvement 8

To ensure that people are receiving consistent, daily personal care and support, the provider should ensure that personal care plans are reflective of the person's care and support needs. This should include, but is not limited to, detailed recording of when personal care and support have been provided, including the content of the support given.

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 17 January 2025.**

### Action taken since then

We found that people's care and support plans continued to need significant improvement.

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

## Previous area for improvement 9

Staff should ensure that when a care plan is developed for a specific condition that this care plan should hold records of all communications with external medical professionals and relatives/representatives. Care plans should include all rationale in relation to decision making and who made those decisions.

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 28 November 2024.**

### Action taken since then

We found that people's care and support plans continued to need significant improvement.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 'How well do we support people's wellbeing?'

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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