

St. Davids Care Home Care Home Service

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Telephone: 01307 464 284

Type of inspection:
Unannounced

Completed on:
20 November 2025

Service provided by:
Mr Ivan Cornford & Mrs Lisa Cornford

Service provider number:
SP2005951138

Service no:
CS2005105557

About the service

St. Davids Care Home is a privately owned care home in the Angus market town of Forfar, close to shops and local amenities. The service provides residential care for up to 24 older people.

The accommodation operates as one household set over two interlinked properties and provides accommodation over two floors. Residents have individual rooms and all but two have en-suite facilities. Public areas within the home include a large lounge and dining room and attractive garden areas to the front and rear of the property.

About the inspection

This was an unannounced follow up inspection which took place on 19 and 20 November 2025. The inspection was carried out by two inspectors from the Care Inspectorate. The focus of the inspection was to follow up eight outstanding requirements from a previous inspection on 18 August 2025. 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 nine people using the service and three of their relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

The management and staff of the service had demonstrated that their hard work had led to some positive developments since our last inspection. Therefore five of the outstanding requirements had been met. We discussed with the management that the timeframes for the remaining three outstanding requirements would be extended, to allow for further work to continue, in order to be fully met. See information under key question 2.

Management processes regarding training and staff supervision had improved.

Staff worked well together as a team and supported each other.

Staff knew people well and there were kind and caring interactions observed.

Quality assurance processes had been reviewed and a more organised system was in place which had identified areas for improvement.

A variety of training had been organised from different sources to ensure staff were kept up to date.

An environmental audit had been carried out and a plan was in place to ensure ongoing maintenance and upgrading of the service was continuous.

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 good is our leadership?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

3 - Adequate

The management and staff had demonstrated that their hard work had led to several positive developments since our last inspection. This, in turn, had impacted on positive outcomes being achieved for people living in the service. Five of the outstanding requirements had been met and we discussed with the management that the remaining three outstanding requirements timeframes would be extended, to allow for further work to continue, in order to be fully met.

The service had a moratorium in place from the local authority following our last inspection and therefore it was difficult to evidence fully, the development regarding pre admission processes. We recognised that this was somewhat of a constraint, and were keen to support the service to work towards being able to fulfil their regulatory requirements, within the extended timeframes agreed.

Some residents and staff continued to highlight issues with the management approach and the culture in the service. This was detrimental to the overall atmosphere of the service.

Following our inspection, we have therefore regraded this key question. Due to the improvements noted since our last inspection, and the work completed so far to ensure regulatory requirements are fully met, we have re evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We were confident that the service had comprehensive oversight and plans in place to ensure that all requirements will be met at our next visit, and that processes are firmly embedded.

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

Requirements

Requirement 1

By 30 October 2025, in order to meet people's care and support outcomes; the provider must ensure that:

- a) Pre-admission assessments are carried out, and care and support plans are available for staff, which clearly set out people's care and support requirements.
- b) Protocols for the management of acute health concerns are available for staff.
- c) People's health care recording charts and assessments are completed accurately, and that these are reviewed at appropriate intervals to support ongoing evaluation and assessment of people's current and changing needs.
- d) Ensure that all risk assessments, including consents for any equipment that could restrict people's movements are reviewed and kept up-to-date.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4(1)(a) Welfare of users and Regulation 5(2) - Personal Plans.

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 requirement was made on 18 August 2025.

Action taken on previous requirement

There had been one admission since our last inspection. A full pre admission assessment had been carried out by staff, detailing the person's full care and support needs. The assessment had involved the resident and their family, and had been conducted in the person's home. A further assessment had been carried out during a visit to St. Davids Care Home. Subsequent care plans reflected the level of care and support required, and had been reviewed regularly. As a result, staff had been able to compile personalised plans in order to ensure appropriate care and support was delivered.

Care plans were in place where people had specific health concerns. These plans were informative and where required, protocols to guide staff were in place. Plans were easy to find and easy to follow. We did discuss some additional detail that would be useful within people's care plans and daily recordings, with the manager. For example, additional information regarding frequency of district nurse visits in the daily notes would be helpful, and informative for people. We had confidence that this would be considered and will follow this up at our next visit.

Where elements of people's care required further monitoring and recording, these had been completed sufficiently. This helped ensure that people's care was current in order to maintain their health and wellbeing.

Where people had technology or equipment in place which may have been restrictive to their movement, this was described in their care plans and assessments. Consents from appropriate people were also in place, such as next of kin who held power of attorney. The manager was gathering information and confirmation about any legal agreements in place to ensure that relevant people were consulted, and that consent was obtained and regularly reviewed. This ensured that people's rights were upheld.

On balance we felt there had been significant progress and improvement to evaluate this requirement as being MET.

Met - within timescales

Requirement 2

By 30 October 2025, in order to ensure the safety of people and the public, the provider must ensure that substances that could be hazardous are locked away or under supervision at all times. This includes, but is not limited to clinical waste and cleaning products.

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

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

'My environment is safe and secure'. (HSCS 5.19)

This requirement was made on 18 August 2025.

Action taken on previous requirement

The clinical waste bin was open on arrival in the car park, although it was clear that staff had not pushed lid down far enough to ensure the lock was engaged. The manager advised that this was a one off occurrence as the bins are now always locked to ensure compliance with current guidance and legal requirements.

Plans were in place to re site these bins to the far side of the car park in the near future. This would be a more secure and appropriate area for waste storage, away from the public footpath. On day two of the inspection, work on this had started. We will follow this up at our next visit.

The general waste bins were all full and overflowing, with rubbish lying on the ground which was a hazard. We discussed this with the manager and prompt action was taken to rectify the situation.

One bottle of cleaning product found on the domestic services trolley was not labelled appropriately. Although this product was dated, it was not clear what was contained within the bottle, which was not in line with current guidance set out in National Infection Prevention and Control manual (NIPCM).

One spray bottle of cleaning product was unlabelled and found the under sink in the main dining area cupboard. This cupboard was not locked and could be freely accessed by everyone, posing a potential hazard. We discussed this with staff and the bottle was promptly removed.

This requirement has therefore not been met and will be extended until the 30 December 2025.

Not met

Requirement 3

By 30 October 2025, the provider must ensure that the service can meet people's identified needs and comply with its conditions of registration by developing a clear process to support appropriate admissions to the service which should include but is not limited to:

- a) Complete a full pre-admission assessment and support plan of new residents to ensure that the service can meet their stated outcomes.
- b) Submit a variation to the Care Inspectorate if people's support needs or age are out with the current conditions of registration, clearly stating how the service will meet the needs of the person/people, and which also considers the impact on people already living at the service. Variations must also be agreed prior to new admissions entering the service.
- c) Ensure that staff have appropriate training in place prior to admission, to ensure staff understand and are competent to support new or unfamiliar health and support needs.
- d) Takes the views of other professional staff supporting the service into consideration.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.

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

'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27).

This requirement was made on 18 August 2025.

Action taken on previous requirement

The service had submitted the required variations for people in the home who were under 65 years of age and were operating in line with their current registration conditions.

The pre admission process had been reviewed and covered all key aspects of care and support. A new pre admission assessment had been completed and was comprehensive, and subsequent care plans had been completed timeously following admission.

It was difficult to evidence that the process of pre admission and subsequent care planning had been implemented and embedded sufficiently at the time of inspection due to the services current admission status. We could not evidence that staff training had been tailored to people's different health needs following admission nor that health professionals had been involved in the process so far. See information under key question 2.

We will therefore extend this requirement until 30 December 2025.

Not met

Requirement 4

By 30 October 2025, the provider must ensure that people benefit from a service that is well led by developing and implementing comprehensive and structured systems for assuring the quality of the service.

To do this, the provider must as a minimum:

- a) Review and develop the quality assurance plan and procedural guidance.
- b) Include formal auditing and monitoring all areas of the service provided to evidence that the standards set out in the quality assurance plan are met.
- c) Ensure relevant staff receive training in the quality assurance procedures and be able to demonstrate an understanding of how these can be used to assure the quality of the service.
- d) Ensure that residents, staff and all stakeholders have opportunities to feedback about the service.
- e) Implement effective action planning to address areas of required improvement to include appropriate timescales for completion and review of actions to be undertaken, and ensuring staff are accountable for, and carry out the required remedial actions.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.

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)

This requirement was made on 18 August 2025.

Action taken on previous requirement

A more comprehensive quality assurance system was now in place, with regular audits being carried out across the service. Oversight of key areas such as supervision, training and care planning had improved.

Monthly audits were followed by a plan for the forthcoming month, in order to action any identified issues.

An overall management report was produced at the end of each month, to summarise and capture the previous months performance, and any areas for improvement.

Daily walk rounds were also taking place and identifying issues. We discussed with the manager that feedback from people during walk rounds would strengthen this process further. This would evidence that people's involvement was helping drive improvements and changes.

Quality assurance training was arranged for January 2026 for all staff. We discussed with the manager the importance of ensuring all staff are aware of all quality assurance in the home, and are involved with this at all levels. It was agreed this would be discussed at team meetings to aid staffs understanding of these processes and their associated responsibilities.

People could feedback about the service via the touch screen at front door. This was used frequently by staff. The manager had allocated one day per week for staff to come to chat on a one to one basis of required. People now had a forum in regular meetings where they could give opinions or feedback on the service. The service also used questionnaires in order to obtain feedback from people. We discussed looking at different methods/ways to seek input from external professionals moving forward.

Met - within timescales

Requirement 5

By 30 October 2025, in order to ensure the safety of people, the provider must ensure that staff are recruited through robust and safe recruitment procedures. To achieve this, the provider must carry out checks before new employees start work with the service.

This must include, but is not limited to:

- a) Maintain accurate and clear documentation of each stage of recruitment process.
- b) Carry out checks on identity, and right to work checks.
- c) Ensure that appropriate references have been sought, and concerns followed up and recorded.
- d) Carry out PVG/Disclosure checks.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a), 9(1)(2) 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 am confident that people who support and care for me have been appropriately and safely recruited'. (HSCS 4.24).

This requirement was made on 18 August 2025.

Action taken on previous requirement

Recruitment records were held electronically and the recruitment process was more organised.

Files from three new staff recruited since the last inspection were sampled. Staff had appropriate references in place prior to any offer of employment. Protection of Vulnerable Groups (PVG) checks were also in place, as were right to work checks. People were reassured that a robust recruitment was being followed for all prospective staff, in order to keep people safe.

Interviews were now more structured using a new format, with set questions. This had provided a much better overview of the interview and the information gathered. An assessment was included at the end as to their suitability to the role. This ensured that management were able to reflect and make more informed decisions regarding employing the right staff for the service.

Met - within timescales

Requirement 6

By 30 October 2025, in order to ensure that staff practice is supported by effective supervision and support, and that staff access suitable training to ensure that they can meet the needs of people and the conditions of their registering professional bodies; the provider must ensure:

- a) That the service has a staff supervision policy in place, which clarifies the frequencies of supervision for staff, and that staff are provided with copies of these meetings.
- b) All core and essential staff training requirements are planned, to ensure people receive responsive care, and are kept safe by a knowledgeable and competent staff team.
- c) Staff have access to, and complete training relevant to their role.
- d) A staff training matrix is developed to ensure that the management team are able to monitor staff training.

This is in order to comply with section 8 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 experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

This requirement was made on 18 August 2025.

Action taken on previous requirement

The staff supervision policy had been reviewed recently.

Staff were receiving regular supervision with their allocated supervisee. Records sampled were comprehensive and signed by staff members. Copies of these records had been offered to staff, and this was documented at bottom of each record.

Core and essential training was at a satisfactory level for all staff. All training was monitored by the manager on a monthly basis and recorded on an audit matrix. This helped keep track of any outstanding training for staff. On discussion with the manager, this new process was working well.

A variety of training was in place, incorporating eLearning, face to face and external training. There was involvement from the dementia liaison team and care home support team. Stress and distress training had been arranged and legal powers training has been requested and will be arranged as soon as possible. The service had been proactive in seeking additional support from external organisations following our last inspection, which was positive.

Staff told us they had enough training to be competent in their roles. Epilepsy training had been completed since our last inspection and staff had found this to be beneficial.

Staff told us they received regular supervision and found it useful. One person said it was good, as praise was also given at these sessions, which was appreciated.

Met - within timescales

Requirement 7

By October 30 2025, In order to ensure that people's need are met safely, the provider must:

- a) Use a suitable dependency tool to review the needs of people regularly and adjust staffing levels accordingly.
- b) Ensure that staff are deployed appropriately, to ensure that people are safe and have sufficient support in meeting their support outcomes.

This is in order to comply with Regulation 4(1)(a), and Regulation 4(2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'My needs are met by the right number of people'. (HSCS 3:15).

This requirement was made on 18 August 2025.

Action taken on previous requirement

The manager had sourced a dependency tool that was being used to help inform the overall staffing levels in the home. This was in the early stages of implementation, and the manager was continuing to review this information on a monthly basis as a minimum.

The manager had completed a comprehensive assessment that brought together a range of factors and situations that would or could influence staffing levels and availability. For example, the layout of the home and staff skill mix.

Whilst the manager felt that staffing levels were 'safe', the assessment had identified key times overnight where it would be beneficial to have additional staff members on duty. The service rotas however did not always reflect this. We discussed this with the manager who was actively recruiting more staff for night shift, which would address these short falls. We discussed the importance of addressing the short falls in staffing meantime to ensure people's needs were met overnight and their safety maintained.

This requirement therefore has not been met and will be extended until 30 December 2025.

Not met

Requirement 8

by 30 October 2025, the provider must ensure that people experience a well maintained environment.

To do this the provider must:

- a) Carry out a full environmental audit that identifies all the areas of maintenance/refurbishment and timescales for the work required.
- b) Develop an action plan that describes the action to be taken, who is responsible and timescales for work.
- c) Share the action plan with the Care Inspectorate and update this at no less than 8 weekly intervals.

This is to comply with regulations 4 (1) (a) 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 experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (HSCS 5.24).

This requirement was made on 18 August 2025.

Action taken on previous requirement

Full environmental internal and external audits had been carried out following our last inspection. These audits were detailed and covered all areas of the home, both inside and out.

Timeframes for completion of work and persons responsible for completing the work, were highlighted in an action plan and all actions required moving forward, were clearly documented.

These plans had been reviewed as a minimum on a weekly basis, to ensure compliance and progress.

The service had forwarded some information to the Care Inspectorate regarding a plan of forthcoming, environmental improvements. We discussed the importance of keeping this up to date on an eight weekly basis, moving forward, as stated in the requirement.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should ensure that information regarding people's legal representatives, such power of attorneys, guardians and medical treatment powers, are clearly documented in care and support plans.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account'. (HSCS 2:12).

This area for improvement was made on 18 August 2025.

Action taken since then

The service had a separate folder for copies of people's legal documents. However, it wasn't clear within people's care and support plans, what legal documents were in place for people and where they were held, for staff to refer to where required.

We discussed this with the manager who advised us that this was a working progress at present.

This area for improvement has therefore not been met and will be extended. We will follow this up at our next inspection.

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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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