

Alexander Scott's Hospital Eventide Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
26 November 2025

Service provided by:
Alexander Scott Hospital Eventide
Home

Service provider number:
SP2003000035

Service no:
CS2003000346

About the service

Alexander Scott's Hospital Eventide Home is a care home in the market town of Huntly. The home is registered to provide a service for up to 40 people. At the time of our inspection there were 36 people living in the home.

The care home is a grand two storey listed building and is located close to local shops and cafes, churches and bus routes. All bedrooms are for single occupancy and have en suite toilet facilities. There are shared bathing and showering rooms. Lounges are located on both floors. The dining room is on the ground floor.

The gardens and grounds are extensive and have been beautifully landscaped.

Alexander Scott's was bequeathed to the town of Huntly and is overseen by a voluntary board of trustees. The aims of the service include 'To allow residents to live as full a life as possible'.

About the inspection

This was an unannounced follow up inspection which took place on 26 November 2025. The inspection was carried out by two 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 eight people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People appeared very content and happy in their surroundings.
- There was lots of chatter and laughter throughout the service.
- People were very positive about the staff team and it was clear that trusting friendships had formed with staff.
- The upgrades to the dining room were highly praised by people. The changes had created a lovely decorated and comfortable room.
- The necessary improvements with infection prevention control had been completed.
- People were involved in the decision making when changes to the home were planned.
- Improved signage helped people find their way round their home.
- Care plans were updated when changes to people's care needs were identified.
- The managers had introduced an environment audit that helped identified and prioritise improvements.

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 setting?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We made an evaluation of adequate for this key question at our last inspection, this has now been regraded to good. Several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People appeared very happy and content. Staff were available to provide assistance when it was needed. This meant that people did not have to wait for assistance.

Throughout the service there was a bustle and chatter and laughter could be heard. There were some lovely interactions between staff and people. It was clear that strong trusting friendships had formed.

People had formed friendships and there was a sense of companionship and community in the home. Throughout the service, people spent time chatting with each other. The requested reservation notices on the dining table, ensured that people could enjoy a sociable dining experience with their friends.

The home was clean and odour free. Managers had made the necessary improvements to infection protection control. This ensured that the risks of cross infection and contamination had been reduced. (See 'What the service has done to meet any requirements made at or since the last inspection' requirement 1).

Improvements to the signage in the home helped orientate people to their surrounding and encouraged their independence as they mobilised around the home. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection' area for improvement 1).

People were included in the decision making about activities and this meant the planned activities were informed by what people wanted to do. When changes to the home were planned, people were included in the decision making and in choosing décor and furnishings. This demonstrated that people were valued and respected. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection' area for improvement 2).

When people's care and support needs had changed, their care plan and risk assessments were now updated to reflect their changed needs. This meant that people received the care and support they needed. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection' area for improvement 3).

How good is our setting?

4 - Good

We made an evaluation of adequate for this key question at our last inspection, this has now been regraded to good. Several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Upgrades to the dining room had been completed. People praised the standards of work completed. The dining room was now a very inviting, lovely decorated and comfortable room.

Flooring was being changed when issues were identified. For example, if worn or ripples made the flooring a trip hazard, this had been replaced. This reduced the risk of people tripping.

Managers had implemented a new environment audit. There was robust audit of a wing a month. This enabled managers to focus on that wing and ensured that there were realistic timeframes for the completion of the needed works. The service had made the necessary improvements to meet the requirement made at our last inspection. (See 'What the service has done to meet any requirements made at or since the last inspection' requirement 2).

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

Requirements

Requirement 1

By 30 October 2025, you must ensure people are protected from harm and experience a safe environment in relation to infection prevention and control (IPC). To do this, you must, at a minimum:

- a) Ensure that there are effective infection prevention and control policy and procedures for standard infection control precautions in place and available to staff.
- b) Ensure that all staff receive the appropriate training and are assessed as competent and skilled in all aspects of IPC.
- c) Ensure all staff are aware of and have access to current national infection prevention and control guidance and the Care Home Infection Prevention and Control Manual.
- c) Improve oversight of staff adherence to the expected standards for IPC, this must include improved oversight of the environment.

This is to comply with Regulation 4(1)(a) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and 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 2 September 2025.

Action taken on previous requirement

Staff had all completed infection prevention and control (IPC) training. Management had compiled a quiz for staff on IPC. This enabled managers to assess the knowledge gained from the training and enabled staff to reflect on their knowledge. This contributed to the improvements made in maintaining good standards of IPC.

The home was clean and odour free. Ensuites had appropriate storage of items and this reduced the risks of cross contamination. There was appropriate use of waste streams and this meant that contaminated waste was disposed of appropriately.

The designated domestic areas were clear from clutter, clean and organised. This reduced the risks of cross contamination. Managers had implemented a clear process for the disposal of water from buckets. This improved system reduced the risks of cross contamination.

Managers had a good IPC audit that they completed at regular intervals. This helped ensure that staff were compliant with the expected, safe standards of IPC, and enabled managers to address any breaches in IPC practices.

The service had made the necessary improvements to meet this requirement.

Met - outwith timescales

Requirement 2

By 30 October 2025, the provider must ensure that an audit of the care homes environment is completed, and a timetable for the completion of improvements or upgrades is made, to do this you must as a minimum:

- a) Complete a robust audit and assessment of the environment and have a timeframe in place for ongoing revisiting and updating of this audit.
- b) Ensure there is a realistic timeframe in place for the completion of the works that are needed to improve the environment. This is to ensure that people have sufficient facilities to meet their needs.
- c) Involve and consult with people in the decision making in relation to the upgrades of their home.
- d) Consideration must be taken on how any changes will impact on people.
- e) Ensure that works undertaken are prioritised and informed by how this will improve people's outcomes and reduce any risks.

This is to comply with Regulations 4(1)(a) and (d) 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18); and

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23); and

'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 2 September 2025.

Action taken on previous requirement

Managers had compiled an environment audit. The audit was broken down into wings with managers completing the audit of one wing a month. This enabled them to focus on that wing and made making the improvements manageable.

The areas of improvement in the environment were clearly recorded and realistic timeframes set for the completion of the works. This made it manageable and was not overwhelming for the staff who were involved in the upgrades.

Managers had identified flooring that required replacing and this was acted upon quickly. This reduced the risks of tripping on flooring that was uneven or rippled.

People had been included in the decision making with choices of décor, furnishings and in other changes. Their input was clearly valued and acted upon. After the upgrade of the dining room, feedback from people and visitors was sought. This feedback clearly documented that the upgrade was appreciated and praised by people.

We felt the upgrade to the dining room was to a very good standard. Time had been taken with the choosing of colours, wallpaper and table settings. This had created a lovely inviting and comfortable room for people to enjoy their meals.

The service had made the necessary improvements to meet this requirement.

Met - outwith 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

Improvements should be made to signage to ensure that it helps people to be orientated to their home and to ensure that it helps support them to make independent choices of where they want to spend time.

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

'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2); 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 2 September 2025.

Action taken since then

The service had improved signage. Information was available in the lift and in the two areas when people exited the lift. This helped orientate people to where they were in the home and helped direct them to where they wanted to go.

Additional signage had been added with the direction of where to find rooms. This helped orientate people to the homes environment and would help people to independently find their bedroom.

This area for improvement has been met.

Previous area for improvement 2

The service should develop how people are involved and included in home life. This should include; consultation when changes are planned, establishing people's preferences and in obtaining people's feedback on the quality of the service provided.

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

'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9); and

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6); and

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

This area for improvement was made on 2 September 2025.

Action taken since then

An activities meeting had taken place and people had been supported to attend. For those people who did not like to attend meetings, the manager spent time with them individually to obtain their feedback. This ensured that everyone had the opportunity to have their say and to contribute to home life.

People's feedback and suggestions on activities was listened too and used to inform the activities planner. This meant that the activities on offer were what people wanted to do.

People were consulted when changes were planned. For example, their input about colours and décor for the dining room was sought and acted upon. When table mats had to be purchased, staff supported people out to the shops to select and purchase the mats. People had a say and were able to contribute to their home. This made them feel valued.

The managers obtained feedback after the upgrade of the dining room. This enabled them to ascertain if the changes were welcomed, liked and if there was anything else that was needed. The very positive feedback about the dining room demonstrated the value of the inclusion of people in the planning and the development of the space.

This area for improvement has been met.

Previous area for improvement 3

Improvements to the reviewing of care plans and other supporting documents. Staff should ensure that there is an accurate assessment of the care and support planned and ensure that this reflects people's experiences and their changing needs.

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 2 September 2025.

Action taken since then

The necessary improvements had been made to the content of care plans. When a risk or a change to a person's care and support was identified, the care plan and risk assessment was updated appropriately. This meant that people's care plans and risk assessments were reflective of their needs.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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