

Moyness Nursing Home Care Home Service

76 Grove Road
Broughty Ferry
Dundee
DD5 1JP

Telephone: 01382 480 899

Type of inspection:
Unannounced

Completed on:
5 November 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272061

About the service

Moyness Nursing Home for older people is situated in a residential area of Broughty Ferry in Dundee. The service provides nursing care for up to 30 people, at the time of inspection there were 22 people living in the service.

The service provides accommodation over two floors in single bedrooms and one double bedroom, each with an ensuite toilet and wash hand basin. There is one sitting room and a dining room, as well as a conservatory and access to a well tended garden.

About the inspection

This was an unannounced inspection which took place on 5 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 4 people using the service and 1 of their family/friends/representatives
- spoke with 8 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- improvements had been made to infection prevention and control practices
- assessment and pain management of people experiencing pain must be improved to promote people's health and well being
- moving and handling practice must be improved to ensure people's health safety and well being
- medication management and documentation must improve to ensure that people are receiving their medication as prescribed
- although some improvements had been made to quality assurance these had not been effective in identifying the issues in relation to safe moving and handling, safe medication management and effective pain management
- the provider must ensure that there is effective leadership in the service that supports and promotes people's health, safety and well being

How well do we support people's wellbeing?

This inspection was carried out to check whether the service had made improvements following the requirements made during our previous visit. For details please see the section, 'Outstanding Requirements.'

During this inspection, we found significant problems with how medication was managed and given to people. In some cases, medication was not available in the home, which meant people did not get the medicine they were prescribed. This meant that medication stock was not being managed effectively in the service. This is a significant concern because missing doses can affect people's health and put them at risk. For people who take medication "as required," there was no clear, personalised guidance for staff about when to give it. Without this guidance, staff may not know when medication should be offered, which means people could miss out on treatment when they need it.

We found an example where a care plan for managing pain was not being followed by the care team. As a result, the person did not get their pain medication as prescribed over a period of several weeks. This put their health and wellbeing at risk and they were at risk of experiencing unnecessary pain and discomfort.

These issues show that the systems in place to manage medication were not working properly. We were concerned that the leadership team did not appear to be aware of these problems and did not have effective oversight to prevent or manage them. We have made a Requirement (please see Requirement 1), which sets out what the service must do to make sure medication is managed safely and people get the treatment they need.

We also observed some staff using unsafe moving and handling techniques when supporting people. These practices can cause harm to both staff and the people they care for. Safe moving and handling is essential to protect everyone from injury and to make sure care is delivered in a way that respects people's dignity and comfort. Unsafe moving and handling techniques being used, suggests that staff may not have had the right training or that supervision and monitoring were not effective. This is a serious concern because it increases the risk of accidents and injuries. As a result, we have made a requirement (please see requirement 2), which sets out what the service must do to make sure staff use safe techniques and follow best practice.

The issues identified during this inspection show that improvements have not been made in key areas since our last visit. The lack of progress and the leadership team's limited awareness of these problems raise concerns about the service's ability to provide safe and effective care. Immediate action is needed to address these requirements and ensure that people's health, safety, and well-being are protected.

Requirements

1. By 5 January 2026, the provider must ensure that the administration of medication is safely managed in a manner that results in people's health, safety, and wellbeing needs being met. To do this, you must, at a minimum:
 1. Ensure that medication prescribed to service users is available within the service at all times
 2. Put in place, and implement, a system to audit the quality of medication records to ensure that prescribed medication is administered as directed and in accordance with a service user's individual needs
 3. Demonstrate that monitoring arrangements are capable of identifying any errors in administration, or recording, of a service user's medication and that appropriate actions are taken to address such errors
 4. Ensure that clear, personalised protocols are in place in relation to as required medications
5. Ensure appropriate assessments are undertaken to assess people's pain and that appropriate pain relief is provided

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220)

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).

2. By 5 January 2026, the provider must ensure that people's moving and handling needs are safely managed in a manner that results in people's health, safety, and wellbeing needs being met. To do this, you must, at a minimum:

1. ensure that all staff are appropriately trained and competent in safe moving and handling practices.
2. ensure that people's mobility and safe moving and handling needs are fully assessed and care planned.
3. Put in place, and implement, a system to audit the quality of moving and handling practices to ensure that all moving and handling is carried out as directed and in accordance with a service user's individual needs.

This is in order 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)

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

Any treatment or intervention that I experience is safe and effective (HSCS 1.24)

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

Requirements

Requirement 1

By 31 October 2025, the provider must make proper provision for the care and support needs of service users.

In particular, the provider must:

- a) Ensure the regular assessment of need and associated risks.
- b) Ensure care planning which fully directs the care team as to how individual's needs should be met.
- c) Ensure the regular review of the care plan to ensure it remains reflective of the individual's needs.
- d) Ensure regular audit of care records to confirm care is provided in accordance with the care plan.
- e) Ensure changes in the individual's condition, such as significant weight loss, prompts a review and change to the delivery of care.

To be completed by 22 June 2025.

This is to comply with Regulation 5(2)(b)(ii) (Personal plans) 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 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 requirement was made on 1 April 2025.

Action taken on previous requirement

This requirement was made as a result of complaint investigation.

We could see that care plans had been updated and some aspects had improved. Wound care plans were being updated and audited, and these audits continued to identify recording issues. It was positive to see that referrals to the Tissue Viability Nurse (TVN) had been made.

However, we were very concerned about the lack of action in relation to pain management. There was no evidence that pain assessments had been carried out, even when care plans directed staff to use them and there were clear signs that pain was being experienced. A failure to assess and treat pain has a significant detrimental impact on people's health and wellbeing.

We also found instances where people's healthcare needs had changed, but their care plans had not been updated to reflect these changes. Care plans are essential for guiding staff to meet people's needs. When care plans do not accurately reflect those needs, people are at risk of not receiving appropriate care.

Based on these findings, this requirement is not met and the timescale has been extended to 5 January 2026.

Not met

Requirement 2

By 31 October 2025, the provider must ensure that the care service is led and managed in a manner that results in people's health, safety, and wellbeing needs being met.

In order to achieve this you must:

- a) Establish and clarify the roles and responsibilities of all staff providing leadership and/or care across the service and ensure this is shared and understood by all staff.
- b) Establish clear communication processes and systems to share information about people's current or changing needs on a daily basis. This should include, but is not limited to, wound care, falls, nutrition, infections, and medication.
- c) Establish clear clinical oversight in relation to care planning and delivery of treatment and care. This may include, but is not limited to, observation of people's care experiences, observation of staff practice and communication, and regular review/audit of care plans, daily notes, and records.
- d) Ensure that referrals are made promptly to the relevant health professional.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 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 assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13); and '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 8 October 2025.

Action taken on previous requirement

This requirement was made at our previous inspection as we had concerns that people's health, safety and wellbeing needs were not being met.

It was positive to see that flash meetings and the records of meetings included a follow up to any actions identified which meant that checks were in place to ensure that actions were taken to rectify any issues identified. These meetings helped to identify where input was needed from other professionals. Good use was made of the provider's electronic care planning system to generate reports which were used as a tool for checking on any wounds, infections, weights, dietary intake, fluid intake and repositioning. This provided more robust oversight, helping people's needs to be met more consistently. It was positive to see an

afternoon huddle had been introduced which provided the time and prompt to follow up and review any actions.

The daily walk round format and purpose had been reviewed and a comprehensive record of findings was available. The walk round was twice daily which enabled prompt follow up to any actions highlighted.

Although we found that systems and processes had improved, it was of significant concern that indications that someone may be in pain was not assessed further, despite multiple opportunities to recognise this person's needs. Lack of appropriate pain assessment combined with a lack of pain relief, puts people at risk of experiencing avoidable pain and discomfort and can have a significant detrimental impact on people's quality of life as well as their health and well being.

We were not confident that there was effective oversight in the service. The timescale for this requirement has been extended to 5 January 2026 to enable the provider to ensure that the service is well led and managed.

Not met

Requirement 3

By 31 October 2025, the provider must ensure that people experience care in an environment that is safe, well maintained, and minimises the risk of infection.

In order to achieve this the provider must:

- a) Ensure that the premises, furnishings, and equipment are clean, tidy, and well maintained.
- b) Ensure that processes, such as enhanced cleaning schedules and regular quality assurance checks, are in place and effective to ensure that the environment is consistently safe and well maintained.
- c) Ensure that safe infection control practices are adhered to by all staff at all times.
- d) Ensure there is sufficient stock of PPE, including masks, which is stored appropriately to minimise the risk of infection.
- d) Ensure that clinical waste is stored safely and disposed of in a manner which takes account of the most up-to-date guidance from Public Health Scotland.

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: 'My environment is secure and safe' (HSCS 5.17); and 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

This requirement was made on 8 October 2025.

Action taken on previous requirement

This requirement was made as we had concerns about infection prevention and control practices in the home, in particular in relation to the management of an outbreak in the home and overall cleanliness of the environment and equipment.

We found that cleanliness within the home had improved. Cleaning trolleys and equipment were clean, and cleaning products were stored in single-use bottles that were clearly labelled. These bottles were locked in compartments within the trolleys, which is good practice.

However, we noted that doors to storage rooms containing trolleys and some chemicals were not locked. While we acknowledge that the corridor where these rooms are located was locked and access was restricted to staff, these rooms themselves should also be locked to ensure full compliance with safety standards.

Cleaning schedules had been completed and accurately reflected the tasks undertaken on a daily basis. Personal protective equipment (PPE) was in good supply. PPE was conveniently located throughout the home and well stocked. Alcohol-based hand rub dispensers were available and stocked, as were dispensers for moisturising cream, supporting good hand hygiene practices.

Shared areas, including bathrooms and shower rooms, were clean and tidy. Waste was disposed of appropriately, and clinical waste bins were observed to be locked, which is in line with infection prevention and control standards.

We were satisfied that this requirement was met.

Met - outwith timescales

Requirement 4

By 31 October 2025, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing requirements of people receiving care are met and that they experience positive outcomes.

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

- a) Implement audits which enable the quality of the service to be monitored and which identify areas for improvement.
- b) Ensure any identified areas for improvement are addressed without delay.
- c) Ensure there is always appropriate and effective leadership of the service.

This is in order to comply with Regulation 4(1)(a) (Welfare of users); and Regulation 10(2)(a), (b), and (d) (Fitness of premises) 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).

This requirement was made on 8 October 2025.

Action taken on previous requirement

We made this requirement as we had concerns in relation to leadership in the home. The lack of effective oversight resulted in a failure to identify where improvements were needed and to take appropriate actions in response.

We saw a range of audits and checks had been completed regularly. It was positive to see that these were identifying areas where improvements could be made. Flash meetings and the afternoon huddle were being used to address issues identified, and the daily walk-round included comprehensive records, with actions highlighted in the morning being followed up in the afternoon.

However, as noted in Requirement 1 and 2, while the range of audits and checks introduced were identifying some improvements, they continued to fail to recognise people's clinical needs in certain cases. They also failed to identify that the plan of care was not being implemented by the care team for one individual. This is a significant concern, as audits and oversight processes should ensure that care plans are being followed and that people's needs are met.

We also observed two people being unsafely supported with transfers by four different staff members. This raised concerns that unsafe techniques may be widely used and suggests that either observations of practice were not being carried out or that they were ineffective in ensuring staff support people safely. This puts both the person receiving care and staff members at risk of harm.

Although we recognise that there have been some improvements in relation to this requirement, we are not confident that there is effective leadership and oversight within the service. We have extended the timescale for this requirement to 5 January 2026.

Not met

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

In order to ensure residents experience a service with a culture of continuous improvement with a robust and transparent quality assurance procedure, the service should ensure that all concerns and complaints are appropriately escalated to the management team and subject to investigation and resolution in accordance with the organisation's complaints procedure.

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 area for improvement was made on 1 April 2025.

Action taken since then

This area for improvement was made as a result of a complaint investigation. There had not been any new complaints about the service therefore we were not able to evaluate this area for improvement at this inspection visit.

This area for improvement will be followed up at our next inspection.

Previous area for improvement 2

In order to ensure individuals always experience a clean, tidy, and well maintained environment and infection control procedures, the service should ensure the urgent upgrade of the call system to ensure the safety of residents. The service should also undertake effective daily observation of the availability of provisions to ensure good hand hygiene.

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 5.16).

This area for improvement was made on 1 April 2025.

Action taken since then

This area for improvement was made as a result of a complaint investigation.

We found that the home was clean and tidy and improvements were noted from previous inspection visit.

Although plans were in place, the nurse call system has not been updated/upgraded as yet.

This area for improvement will be followed up at our next inspection.

Previous area for improvement 3

In order to ensure safe staffing decisions are in accordance with the organisation's policy and procedure, the service should consider the environment and include the views of residents, staff, professional visitors, and families/representatives in safe staffing decisions.

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 area for improvement was made on 1 April 2025.

Action taken since then

This area for improvement was made as a result of a complaint investigation.

Although a staffing review had been undertaken, we did not see any evidence of consultation with stakeholders in relation to staffing.

This area for improvement will be followed 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.

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is càinain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلؤں اور دیگر زبانوں میں فراہم کی جا سکتی ہے۔

બનકી 'તે ઇહ પ્રકાશન હોર રૂપાં અતે હોરનાં ભાસાનાં વિચ ઉપલબ્ધ હૈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.