

# Grandholm Care Home

## Care Home Service

Grandholm Drive  
Bridge of Don  
AB22 8AE

Telephone: 01224 708 712

**Type of inspection:**  
Unannounced

**Completed on:**  
27 November 2025

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2020379125

## About the service

Grandholm Care Home is a home for older people. They are registered to provide support to 79 people over the age of 65 years. This includes a maximum of four places for those 50 years and over.

The home is a three-storey purpose-built home located in a quiet residential area within the city of Aberdeen. All bedrooms have en-suite toilets and shower rooms and there are communal dining and lounge areas on each floor. The home has a small, enclosed garden that can be accessed via the ground floor.

At the time of the inspection 79 people were being supported by the service.

## About the inspection

This was an unannounced inspection which took place on 24 and 25 November 2025. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke to 17 people using the service
- spoke to two family members
- spoke with members of staff and the management team
- received feedback to surveys sent out prior to inspection. We received feedback from eight people who use the service, 22 family members, four external professionals and 42 staff members
- observed practice and daily life
- reviewed documents.

## Key messages

- People and their families were happy with the care that was provided.
- The service had made some improvements since a recent complaint however further work was required to ensure quality assurance processes were robust and that personal plans contained sufficient and personalised information.
- Staff were visible and there was enough staff to care for people. However, activities and opportunities for engagement were limited. This meant people felt bored and lonely.
- The home was clean and tidy and generally well maintained.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

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

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People and their families were happy with the care they received. We observed kind and respectful interactions, and external professionals described the home as "excellent" and said people were "well looked after in a compassionate and professional way", another said "staff are friendly" and "treat residents with respect".

Families told us their relatives received the care that they needed and were supported to keep as well as they could be. External professionals said staff had a "good knowledge and understanding" of people's needs.

Staff knew people's needs well and there were processes in place to ensure staff were kept up to date. However, personal plans and supporting records, lacked sufficient detail. (see "What the service has done to meet any requirements made at or since the last inspection" and key question "How well is our care planned?"). For example, stress and distress care plans were generic and did not provide personalised guidance, and moving and handling documents provided conflicting and inaccurate information.

We could not see records of decisions that had been made about people's changing care needs, for example one person was now being supported in bed as the service felt they were unable to meet their needs in a chair. It was unclear what options had been considered before this decision was made. We also saw people spending lengthy periods of time in transit wheelchairs. One person told us they were uncomfortable, we discussed this with the management team and the following day the person was sitting in a comfortable chair. We also spoke to the management team about another person, they advised that they would ensure people's mobility arrangements were suitable and reviewed when required.

A range of tools, such as skin assessments, malnutrition screening and falls assessments were in place and reviewed regularly. Appropriate referrals were made to other professionals when required. However, risk assessments for some restrictive measures were not in place. For example, several people had gates across their bedrooms doors. We were told that this had been requested by residents to protect their private bedrooms from other people entering. We discussed with the management team about the need for appropriate consent and risk assessments to be in place, where restrictive measures are applied. (see "What the service has done to meet any requirements made at or since the last inspection"). We also discussed the importance of ensuring people have activities and distractions which may prevent people from going into other's rooms. We will follow this up at the next inspection.

Medication was managed safely. Protocols were in place for 'as required' (PRN) medication, but these would benefit from including strategies to try before medication is considered. Regular audits were completed and the management team acted appropriately when there were any issues. As a result, people could be assured that medication was available and administered safely.

Mealtimes varied. People enjoyed well presented, nutritious meals and most were complimentary about the food. Choices and alternatives were available, but these were not always offered. In one dining room, there was little social engagement, while in another the experience was disorganised, with people eating from each other's plates. We discussed with the management team how mealtimes could be better led and organised in order for people to have more positive mealtime experiences and will follow this up at

our next inspection.

Infection prevention and control systems were in place. Staff had the knowledge and skills to maintain a clean environment, and domestic staff worked hard to uphold standards. Staffing shortages had affected deep cleaning, but new staff had been recruited and were awaiting start dates. This had not impacted on people as they told us they were happy with the standard of cleanliness in the home. We spoke to the management team about ensuring they used single-use spray products.

Activities were limited. People told us they were bored and lonely, and we observed people sitting for prolonged periods with little engagement. Similar observations were made at the last inspection (see "What the service has done to meet any areas for improvement made at or since the last inspection"). Staff were task-focused and, apart from the activity coordinator, did not always engage socially with residents. Feedback from families also highlighted that their relatives felt bored and lonely. Activity care plans were basic and did not contain information about what people enjoyed or how they liked to spend their time. As a result, people had limited opportunities for meaningful engagement and social interaction, which could negatively affect their overall wellbeing. (see requirement 1)

## Requirements

1. By 28 February 2026, the provider must ensure that people's physical and mental wellbeing is promoted through meaningful interaction, connection and stimulation.

To do this, the provider must at a minimum:

- a) ensure that people are consulted about activities and how they spend their day, and that these are recorded and evaluated in a person-centred way in their personal plan
- b) ensure staff are supported and directed to provide meaningful engagement throughout the day
- b) improve activity planning and the provision of activities
- c) provide staff with guidance about meaningful engagement and how to engage with people effectively
- d) regularly evaluate activities to ensure that people enjoy them and they benefit their wellbeing.

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).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) 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).

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The management team was visible in the home. Families and external professionals told us the management team were approachable and knowledgeable. Staff were available if people had any questions and people said they felt able to raise concerns if they had any.

There was an improvement plan in place, which demonstrated a commitment to improve outcomes for

people. However, the plan was not readily accessible, which meant people did not feel involved. We spoke to the management team about reviewing the format of the plan to ensure it was easier to access and included feedback from people and key stakeholders. This would ensure that people living and working in the service felt involved and were driving improvements. We will review this at the next inspection.

A range of quality assurance processes and procedures gave the management team oversight of key areas and helped identify improvements. Some new tools had been introduced, see 'What the service has done to meet any requirements made at or since the last inspection', but these need to be further embedded into practice to determine their effectiveness. Given the areas identified about the quality of personal plans (see sections "How well do we support people's wellbeing" and "How well is our care and support planned?"), the management team should increase their oversight of people's needs and the personal planning process.

To strengthen quality assurance processes we also discussed with the management team how they could be further improved by including people's feedback, as well as staff and other key stakeholders, to provide a more rounded view.

During the inspection we found that incident forms had not been completed for two incidents. These omissions had not been identified by the management team until we raised them and meant that we could not be assured that the service was following their own internal processes around incident reporting and recording. (see area for improvement 1)

## Areas for improvement

1. To promote a culture of continuous improvement the provider should ensure that all incidents and accidents are clearly reported, recorded and notified to relevant bodies, in line with relevant guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

## How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service benefited from having a full staff team in place and there was a team of bank staff who covered shifts when required. People and their families gave positive feedback about staff, and they told us there was enough staff to care for their relative properly, that they got help when they needed it and that staff treated them well.

Dependency assessments had been completed to ensure that staffing numbers were sufficient to support people's needs. However, as reported under key question "How well do we support people's wellbeing?" there were missed opportunities for staff to spend meaningful time with people beyond basic care tasks. For example, we saw several people sitting alone in their rooms for long periods, and on the ground floor people sat in the lounge with the television on but little engagement. Staff were visible across all floors, however the management team did not recognise quieter times in the day when staff could have been directed to spend more time with people, for example a chat over a cup of tea, or taking someone for a walk. As a

result, there were missed opportunities to ensure that people had more fulfilling experiences during their day. (see requirement 1 under key question "How well do we support people's wellbeing?")

Staff worked well together and told us moral in the home was good. Staff spoke positively about the management team and told us they were supportive and approachable. There was an open-door policy and regular meetings where they could discuss any issues and voice their opinions.

Staff received an induction when they started in the service and completed relevant training. Staff said they were given the training they needed to do their job well, however some staff said they would find more face-to-face training beneficial. It was positive that the management team had already identified this on their improvement plan. Staff received regular support and supervision, which included observations of practice. This meant that staff had the knowledge, skills and support to carry out their role and that people's needs were being met.

## How good is our setting?

## 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home had a bright, spacious and welcoming feel to it. People said they felt at home and families said the home was comfortable and clean.

People had their own bedrooms which were spacious and equipped with ensuite facilities. People were able to personalise their rooms, which promoted choice and individuality.

Essential and routine maintenance was carried out within required timescales, this meant that the service was well-maintained and people could be assured it was safe. However, some areas of the home required refurbishment. We saw some chipped paintwork on corridors and handrails, and some carpets were stained and worn. The manager had identified these issues, but they had not yet been completed. We raised these during the inspection with a senior manager, and steps were taken to get these areas upgraded during the inspection. We will review progress at the next inspection.

There were several communal areas throughout the home for people to use, but some lacked interest and stimulation. We discussed with the management team how these could be improved to promote engagement and activity. This will be followed up at the next visit.

The home welcomed visitors, and families could come and go freely, which supported meaningful connections. However, people could not access outdoor space independently because the garden was not secure and patio doors were locked. This limited people's choice and access to fresh air. A senior manager advised that steps would be taken to secure the garden so people could go outside safely. (see area for improvement 1)

Although community groups visited the home, people were not regularly supported to access the wider community. Several people told us they rarely went out and that there was no transport available. This limited opportunities for people to feel valued, experience different activities and be part of their local community. The management team agreed to explore options to improve this. (see area for improvement 1)

## Areas for improvement

1. To promote positive outcomes for people, the provider should ensure that people have safe, independent access to outdoor spaces and that they are supported to engage with the wider community.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) 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).

## How well is our care and support planned?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Personal plans were in place and broadly outlined people's care and support needs. However, they were not always personalised, some documents were out of date, and others lacked sufficient detail. This meant that plans did not consistently reflect people's preferences or promote person-centred care. (see "What the service has done to meet any requirements made at or since the last inspection" and key question "How well do we support people's wellbeing?").

We sampled personal plans and found information stored across several folders, which could make it difficult for staff to access key details. We discussed this with the management team and recommended reviewing how information is organised to ensure clarity and accessibility.

Reviews were carried out regularly, and families told us they felt involved in decisions about their relative's care. However, documentation did not always show whether people themselves attended reviews. As a result, this may have led to missed opportunities for people to express their views, and to ensure their plans were personalised.

Some people had anticipatory care plans in place however further work was required to ensure that these were in place and were personalised. See "What the service has done to meet any requirements made at or since the last inspection".

Legal powers were documented in people's plans and copies of relevant documents were held. This meant staff were aware who was responsible for decisions, helping to protect people's rights.

## 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 demonstrate that people benefit from a culture of continuous improvement, supported by robust and transparent quality-assurance processes.

- a) Ensure the implementation of a service improvement plan with clear performance indicators. Use it as a dynamic tool to promote measurable improvements in medication management, care planning, and end-of-life care. It should support anticipatory planning that aligns with individual wishes, clinical needs, and family involvement, all while guaranteeing dignity, comfort, and continuity of care.
- b) Implement structured audits across key domains, including medication management; care planning; palliative and end-of-life plans; staff training and competence.
- c) Strengthen oversight of staff practice through daily leader-led walkarounds and monitoring, with a clear focus on people's experiences, outcomes and the accuracy of information exchanged between shifts.
- d) Deliver tailored training programmes that empower managers and staff to take ownership of clinical oversight and care documentation, fostering confidence, accountability, and continuous improvement in practice.
- e) Establish a formal mechanism to record, share and embed lessons learned from complaints, incidents and audits, and to track the impact of these improvements in reducing recurrence.

This is in order to comply with:

Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

**This requirement was made on 19 June 2025.**

#### Action taken on previous requirement

Work had begun to update personal plans and end of life documentation however it was not fully completed. Some plans did not reflect discussions held with people and their families. Several plans were missing essential information, particularly around stress and distress support, which is critical for staff to understand how best to provide residents with a meaningful day and to identify when interventions are required. (see key question "How well do we support people's wellbeing?").

Additionally, one resident's choking risk was not clearly documented, which represents a significant gap in ensuring safe and person-centred care. These omissions highlight the need for more robust, comprehensive personal planning that is reflective of individual needs, risks, and preferences, in line with health and social care standards.

Staff had completed training in end-of-life care and demonstrated confidence in delivering practical aspects of this care. Despite this, there remained limited assurance that staff fully understood the personal planning process or how to engage in meaningful discussions with residents and their families regarding end-of-life care, individual beliefs, and personal wishes. This highlighted the need for further embedding of personal planning practices to ensure they were reflective of residents' preferences and that staff were equipped to facilitate sensitive, person-centred conversations in line with health and social care standards.

The management team had introduced a new tool designed to enhance oversight of the service. However, the impact of this was not clear or demonstrable during the inspection. In addition, the team conducts spot checks to assess staff competencies within their roles. While these checks provide some assurance of practice standards, further evaluation is required to determine how effectively they contribute to improving the quality of care and outcomes for residents.

A review of supervision records and recent meetings showed no evidence that the outcomes of the recent complaint investigation had been discussed with staff and reflected upon. While it was evident that management were working towards meeting the requirements, it was unclear whether staff fully understood the rationale behind this. This highlighted the need for stronger communication and embedding of outcomes into supervision and staff meetings.

This requirement has not been met and we have agreed an extension until 28 February 2026.

## Not met

### Requirement 2

By 31st October 2025, the provider must ensure that all care and support documentation is accurate, up to date and reflects people's current needs, preferences, and legal rights. This is to ensure that care is safe, person-centred, and responsive to change.

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

- a) Regularly review and evaluate personal plans, particularly following any changes in people's health or wellbeing, to ensure they remain accurate and relevant.
- b) Improve the quality and consistency of daily recordings, including repositioning charts, oral care, nutrition, clinical recordings, continence care, and medication administration, ensuring they are complete, accurate and reflective of the care provided.
- c) Ensure that future care planning, including end-of-life support, is developed in partnership with individuals, families and professionals and clearly records people's wishes about treatment and preferred place of care.
- d) Ensure that all documentation relating to legal authority and capacity is complete, accessible and used to inform care planning and decision-making.

e) Ensure that risk assessments are completed promptly when people begin using the service, or when their needs change, and that these are regularly reviewed and used to inform safe and appropriate care planning.

This is in order to comply with:

Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

Regulation 5(2)(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

**This requirement was made on 19 June 2025.**

#### Action taken on previous requirement

Personal plans had been updated, however some documents had not all been recently reviewed. Personal plans did not consistently reflect people's beliefs, wishes, and choices. This lack of regular review and person-centred documentation limits assurance that care delivery is tailored to people's preferences and may impact the quality of outcomes experienced.

Daily recordings were made however we found some records to be incomplete or inaccurate. Documentation relating to discussions with people and their family discussions remained unclear and as a result people's wishes and preferences were not recorded. As a result, the documentation did not provide sufficient detail to guide conversation, inform person centred care, or ensure that support plans were aligned with residents' values and choices.

Documentation relating to legal authority and capacity was in place in the plans that we sampled.

For more details see key question "How well do we support people's wellbeing?".

This requirement has not been met and we have agreed an extension until 28 February 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

To support residents' interest and activity throughout the day, the provider should increase the availability of specific people to plan and lead one-to-one activities, and should ensure staff practice includes using all moments for interaction appropriately. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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 25 January 2024.**

## Action taken since then

People told us they were bored and lonely, and we observed people sitting for prolonged periods with little engagement. The manager told us they had experienced vacancies within the activity coordinator team and were aware that this had impacted on the activities that were being provided within the home. As a result, people had limited opportunities for meaningful engagement and social interaction, which could negatively affect their overall wellbeing.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

## 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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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 cànan eile ma nithear iartras.

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۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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.