

Banff Care Home Care Home Service

Colleonard Road
Banff
AB45 1DZ

Telephone: 01261 815 550

Type of inspection:
Unannounced

Completed on:
12 January 2026

Service provided by:
Banff Care Limited

Service provider number:
SP2004006637

Service no:
CS2003014166

About the service

Banff Care Home is registered to provide a care service to a maximum of 56 people; and 10 of those places can be provided to adults with a learning disability. At the time of the inspection there were 49 people living in the home.

The care home is a large purpose-built property on two floors, with gardens to the side and rear. There are shared lounge and dining facilities on both floors. The home is located on the edge of the coastal town of Banff.

About the inspection

This was an unannounced follow up inspection which took place on 12 January 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

The inspection focused on the requirements and areas for improvement made at, or since, the previous inspection between 15 and 19 September 2025 and evaluated how the service had addressed these to improve outcomes for people.

During this follow-up inspection, we increased the evaluation for quality indicator 1.1 to 'Good' because the service had made meaningful progress to ensure people were treated with dignity and respect.

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 six people using the service
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents

Key messages

- People were treated with more dignity and respect.
- People experienced more person-centred support, allowing them to look and feel their best.
- Some progress had been made to medication management, however some medication care plans needed more detail and recordings for topical medications needed to improve.
- People were at reduced risk of financial harm.
- Staffing arrangements had been reviewed, resulting in improved staff availability.
- Domestic staff had improved understanding of infection prevention and control. However leaders should ensure that all staff with cleaning responsibilities, including care staff, are aware of best practice guidance.

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
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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 different parts of this key question as adequate and good, with an overall grade of adequate. While some strengths impacted positively on outcomes for people, these were compromised by weaknesses.

Staff had more time to carry out their role, meaning they were not rushed when supporting people. Staff took care not to discuss sensitive personal information in public areas, demonstrating a respect for people's privacy. Care plans were more detailed, meaning people were more likely to receive the care and support they needed and wanted. People were treated with more dignity and respect.

People experienced improved levels of support with personal care, including improved oral hygiene. People were involved in developing more detailed care plans. Leaders had improved oversight in some areas, such as fall prevention, but inconsistent clinical oversight meetings risked delays in prompt interventions. **(See "What the service has done to meet any requirements we made at or since the last inspection" requirement 1).**

Leaders checked medication documentation more frequently, resulting in improved "as required" care plans, though some still lacked necessary detail. The use of topical medications supported skin health, but record keeping needed to improve. **(See area for improvement 1, and, "What the service has done to meet any requirements we made at or since the last inspection" requirement 2).**

Areas for improvement

1. To ensure that people receive maximum benefit from all medications, the provider should ensure that "as required" medication care plans contain sufficient detail and that topical medication administration records are made regularly.

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 15 December 2025, you must ensure that people experience safe, dignified, and compassionate care that meets their health, safety and wellbeing needs and preferences. This should include, but is not limited to, support with personal hygiene, oral care, and ensuring skilled support to people living with dementia. In particular, you must ensure that:

- a) Care staff responsible for delivering care and support understand, and support people with, all identified care and support needs.
- b) Senior staff and leaders understand and fulfil their roles and responsibilities in relation to promptly identifying, reporting, and responding when people's care needs are not met, or do not meet expected standards.
- c) People have been involved in making choices with their care needs at times that meet their needs, and that their choices and preferences are reflected in the care they receive.
- d) People's assessments, care plans and any relevant supporting documents set out people's health, safety and wellbeing needs and preferences and how they should be met.

This is in order to comply with Regulation 4(1)(a), Regulation 4(1)(b) and Regulation 5(2)(b) 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 care and support meets my needs and is right for me." (HSCS 1.19)

And;

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

This requirement was made on 8 October 2025.

Action taken on previous requirement

People were enabled to look and feel their best with more personalised support with personal care. People, and their families, had been involved in developing care plans detailing people's personal preferences for bathing and showering. Most people were supported to have good oral hygiene. Most staff had received training on oral health, with further dates arranged for remaining staff. This should result in all people experiencing improved oral care.

Leaders had improved oversight of people's experiences in some areas. For example, leaders took appropriate actions to reduce the risk of falls. However, clinical oversight meetings, that should take place regularly, did not always happen. This could result in delays in appropriate interventions, to support people to stay well. The provider should ensure that there is sufficient leadership available to maintain effective clinical oversight. We will review this at future inspections.

Met - within timescales

Requirement 2

By 15 December 2025, you must ensure that people experience planned and effective care and support with all medications. This should include "as required medication" and topical medications.

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:

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

And;

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

This requirement was made on 8 October 2025.

Action taken on previous requirement

Leaders quality assured medication documents, including as required medication and topical medications, more frequently. This resulted in more "as required" care plans being available. However, some plans still lacked detail. For example, one person's "as required" medication plan did not clearly describe when to give the medication. This could result in an unnecessary delay in a person receiving medication. Leaders should work towards ensuring all medication care plans have sufficient detail. **(See key question 1 "How well do we support people's wellbeing?", area for improvement 1)**

Topical medications, such as prescribed creams, were being used. This should support people to maintain good skin condition. However, record for these medications were not always completed by staff. Leaders should work with care staff to ensure an accurate record of topical medication application is kept. **(See key question 1 "How well do we support peoples wellbeing?", area for improvement 1)**

Met - within timescales

Requirement 3

By 15 December 2025, the provider must ensure people are protected from financial harm. To do this the provider must, at a minimum:

- a) Develop, and implement, an organisational policy and procedure for the management of people's finances.
- b) Ensure that accounting systems used at the service are understood by relevant staff and accurately reflect cash balances held by the service.
- c) Ensure people are supported to manage their finances safely, supported by clear and effective care plans.
- d) Ensure people can access their money at all times, should they need to.

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:

"If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded." (HSCS2.5).

This requirement was made on 8 October 2025.

Action taken on previous requirement

The provider had reviewed and implemented a policy and procedure for the management of people's finances. Cash balances were checked regularly by both administrative staff and leaders. While there were still occasional delays in accounting systems reflecting actual cash balances held on site, we were assured that people's finance transactions and records were well managed. Leaders should continue to highlight, and investigate, any discrepancies as they arise.

The provider had reviewed the storage of people's money, allowing people to access their money outwith office hours. This meant people's rights and financial freedoms were respected. New care plans had been developed, detailing the support people require with their finances. While this was positive, care plans could be more person centred. For example, detailing when people are able to handle cash independently and how they can be supported to maintain financial independence if they wish. The provider should continue to develop finance care plans to ensure they reflect people's individual circumstances and preferences. We will review this at future inspections.

Met - within timescales

Requirement 4

By 15 December 2025, the provider must ensure that there are sufficient numbers of staff, deployed effectively, to meet people's health, social and emotional needs. To do this the provider must, at a minimum:

- a) Demonstrate how the outcome of people's assessments is used to inform staffing numbers and arrangements.
- b) Review how staff are allocated, to ensure consistent, compassionate, and respectful care at all times.
- c) Ensure sufficient staff numbers are on duty to allow people to make choices in their day to day lives.

This is in order to comply with 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 states:

'My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 8 October 2025.

Action taken on previous requirement

People appeared relaxed and enjoyed staff company. Staff, including domestic staff, had time to spend with people. Care staff did not appear rushed. One staff member told us "The extra staff has helped us massively; we can spend more quality time with people and offer more choices". Leaders had an improved understanding of the Health and Care (Staffing) (Scotland) Act 2019. Staff numbers had increased following a review of people's needs and the providers chosen staffing tool. This resulted in a more relaxed and calmer environment. Leaders had improved oversight of staffing, keeping detailed records of when staff fell below optimum numbers. This should support the service to monitor staffing and respond appropriately should low staffing become a risk to people in future.

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

To ensure that people live in a safe environment, the provider should review their infection prevention and control policy, and use cleaning products, to align with best practice guidance.

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 5.19)

This area for improvement was made on 8 October 2025.

Action taken since then

Domestic staff had improved knowledge of infection prevention and control national guidance. This resulted in those staff using appropriate cleaning products in bathrooms and sanitary areas. However, care staff, who are responsible for cleaning shared bathing facilities, did not have a clear understanding of best practice guidance. This meant people were not always protected from infection risks. Leaders agreed to review the knowledge and competence of all staff who have responsibility for infection prevention and control, including care staff. This should result in reduced risks for people, and improved cleaning standards in the home. We will review this at future inspections.

This area for improvement was not met, and will be reinstated.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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