

Prestige Nursing and Care - Angus Support Service

Springfield Medical Centre
30 Ponderlaw Street
Arbroath
DD11 1ES

Telephone: 01241 467326

Type of inspection:
Unannounced

Completed on:
5 December 2025

Service provided by:
Prestige Nursing (Scotland) Limited

Service provider number:
SP2003002515

Service no:
CS2023000068

About the service

Prestige Nursing and Care - Angus is a support service providing care and support to people living in their own homes across Angus. The service has an office base in Arbroath.

Services provided include personal care and social support to people of varying ages with a wide range of support needs, including those with complex care needs.

About the inspection

This was an unannounced inspection which took place on 24, 25, and 27 November 2025. The inspection was carried out by one inspector 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 and one of their family
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were working well together to ensure people's needs were met.
- People were confident that they could raise concerns if they were unhappy with the service.
- People had developed good relationships with staff, however improvement is needed to ensure that people are aware in advance of who will be attending at their home.
- The provider should further develop professional supervision and training opportunities for staff.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. Therefore, we have evaluated this key question as very good.

People experienced warmth, kindness, and compassion in how they were supported and cared for. This contributed positively to people's overall feelings of wellbeing. When we spoke with people and their families we received overwhelmingly positive feedback about their carers and service they received.

Holistic assessments of people's needs were available and people were involved in all aspects of decision-making relating to their care and support, ensuring that they felt in control of what was happening to them.

The service supported people with varying levels of needs, including those with complex conditions. Since our last inspection the service has employed a complex care nurse which has had a significant positive impact for people in need of a higher level of service. When we spoke with people they reported higher levels of engagement with the nurse and that the service was "invaluable". Staff reported feeling more confident about delivering clinical care as there had been improved training and communication. Together, this contributes positively to personal outcomes for people experiencing high levels of care.

Staff were aware of what actions they should take when people appeared to be declining in health. We saw evidence to support that staff regularly engaged with external professionals to seek advice and to escalate concerns. Families told us that they were given regular updates about their loved ones. This was particularly reassuring for families who did not live close to family.

Staff were vigilant regarding people's health. We saw people being encouraged to maintain good health routines and practices. Staff encouraged and directed people to mobilise safely within their homes and were alert to, and managed, any potential risks for people within their households.

People had as much control over their medication as possible. Medication assessments had been completed. Overall, recording of administration of medication was completed well. However, there were some instances where people had continuously refused topical preparations and no action had been taken under quality assurances processes to further analyse or act upon the information.

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweigh areas for improvement. Whilst some improvements are needed, the strengths identified had a significant positive impact on people's experiences and personal outcomes.

At the time of the inspection, the service was without a registered manager and was being supported by senior leaders within the organisation. The absence of a registered manager had not resulted in any negative impact to those experiencing care or the staff team.

The provider had a suite of quality assurance and auditing processes covering all areas of service functions. Completion of some quality assurance tasks had reduced during a period where staffing resources were required to be redirected to ensuring care delivery was uninterrupted. While this meant that people continued to receive services, this meant that there was potential for poor practice to continue.

Care reviews and staff supervisions had fallen behind and improvement information from previous quality audits had not been acted upon. During the inspection we saw that the wider organisation was working at pace to ensure that these issues were resolved. Quality audits were being completed with information from these being tracked and updated on a service improvement plan. Leaders had a good overview of staff training, supervision, and professional registrations and they had identified what was working well and where improvement was needed. Together, this contributed positively to supporting good outcomes for those experiencing care.

There was a complaints policy and procedure in place with accessible information to support people with the complaints process. When we spoke with people they told us that they knew how to make a complaint and that they felt confident that they would be listened to and that action would be taken about any concerns raised.

Leaders had recently reviewed information about accidents and incidents and had taken immediate actions to report and resolve situations that had previously not been managed in line with the provider's own policies and procedures.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweigh areas for improvement. Whilst some improvements are needed, the strengths identified had a significant positive impact on people's experiences and personal outcomes.

The service had a number of vacancies, however the provider was engaged in an ongoing recruitment campaign at the time of the inspection. Electronic systems were used to track recruitment and onboarding to ensure that best practice for safer recruitment was adhered to.

Despite the high number of vacancies, the provider had measures in place to ensure that service to people experiencing care was not negatively impacted. Staff were very flexible and regularly covered extra shifts and regular agency staff covered specialist, complex packages of care where necessary. As a result, there were no missed visits and people experienced continuity of care.

Staffing arrangements were informed by information from assessments of need and people's personal plans. It was not always possible to support people with their preferred routines, however the provider tried wherever possible to make adjustments where people requested visit time changes or a change in supporting staff. This meant that people would experience a more person-led service.

While the duration of visits were limited, staff did not rush through tasks but supported people at a pace that was comfortable to them. Staff were able to identify where people's abilities were declining and more support may be needed and they escalated the information to leaders in the service to pass on to commissioners. This contributed positively to the ongoing assessment of people's support requirements.

Overall, people experiencing care told us that they were very happy with the support they received. Some people had reported a conflict in personalities with their carer, however the service managed this well and worked hard to ensure that people were matched with carers they were comfortable with.

While people reported to knowing most of the carers in their area, they did not always know who would be arriving at their home to provide their care. It is important that people have advance notice of who will be

arriving at their property. The provider should improve upon how this information is managed (see area for improvement 1).

Staff had received training in adult support and protection (ASP). When we spoke with staff they were able to relay information about individuals who may be at risk of harm and signs and symptoms of potential harm having occurred. Staff were able to tell us about how and who information should be escalated to. However, a recent incident demonstrated that procedure had not been immediately followed which resulted in a delay in reporting and investigation procedures. Once aware of the situation, the provider acted swiftly to reduce impact to people experiencing care.

Staff regularly completed core training. Most of this training was completed online via an eLearning portal. While staff were committed to completing training, the impact of the training was not always measured, for example with the use of reflective accounts. Little face-to-face training was made available to staff, which reduced opportunities for discussion around specific cases or questions that staff may have. A more blended programme of training would improve both learning experiences for staff and outcomes for people experiencing care (see area for improvement 2).

Areas for improvement

1. To support people's feelings of safety and security, the provider should ensure that systems and practices are in place to ensure that people are informed in advance of who will be attending at their property to provide care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I know who provides my care on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11); and 'I experience stability in my care and support from people who know my needs, choices, and wishes, even if there are changes in the service' (HSCS 4.15).

2. To improve learning experiences for staff and improve outcomes for people experiencing care, the provider should provide a wider range of learning opportunities for staff to include face-to-face training.

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); and 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweigh areas for improvement. Whilst some improvements are needed, the strengths identified had a significant positive impact on people's experiences and personal outcomes.

The provider used an electronic system for managing people's care. Staff were able to access this information via a mobile app. People experiencing care had access to paper copies of their personal plans in their homes which were regularly updated following reviews or changes in their care needs. This meant that people knew what level of service they should expect.

People told us that they were involved in creating their personal plans which included information about the way in which they wanted to be cared for and supported, and we saw that staff delivered care as it was described in people's plans. As a result, people's identified care and support needs were being consistently met as agreed.

Plans were person-centred, containing information that would provide staff with a good picture of who people were, who and what was important to them, their future goals, and personal outcomes. They were developed and written in a way that would promote people's independence, they contained details of what people could do for themselves, and areas where they needed a little more support or where tasks should be completed for them. This contributed positively to people's overall feelings of wellbeing.

Personal plans contained information about people's next of kin or representatives where legal frameworks were in place to support with decision-making. When we spoke with people's representatives, they told us that the service was very good at keeping them up-to-date with information about their loved ones, including any potential changes in care needs.

Positive risk assessment and management was included in the ongoing assessment of care delivery and staff were aware of what risks were present for the individuals they supported. As a result, a safer approach to care provision was enhanced.

Care reviews had fallen behind. However, during the inspection we saw that measures were in place to complete these. When we visited people, they confirmed that they had received visits from the provider to complete reviews and where changes were requested or required, this had already been actioned. We saw that information in the review documentation was not detailed. This meant it was difficult to establish what had been discussed and agreed (see area for improvement 1).

Areas for improvement

1. To ensure that people continue to receive care and support that is right for them, the provider should ensure that information from care reviews is detailed, providing a clear description of what was discussed and agreed, and people should receive a copy of the review documentation.

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 developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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 develop and improve quality of the service, the provider should engage a wide range of stakeholders in the development of the service improvement plan. This should include people experiencing care and support, their representatives, and staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

This area for improvement was made on 16 December 2024.

Action taken since then

The provider had engaged with a wide range of people to gather feedback about the services provided. This included those experiencing care and their representatives. Information from feedback was included in the service improvement plan which was being reviewed regularly and leaders tracked and updated required actions. Some discussions about key areas for improvement had taken place with staff during team meetings and some staff were able to describe what would improve provision for people. Staff meetings had been irregular due to staffing pressures, however there was a plan in place to ensure more regular meetings took place and ensure continued engagement with stakeholders is maintained.

This area for improvement has been met.

Previous area for improvement 2

To support staff to develop and improve through reflective practice, the provider should provide effective, planned, and regular supervision of staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional codes' (HSCS 3.14).

This area for improvement was made on 16 December 2024.

Action taken since then

The provider had developed a new supervision policy and procedure to support more meaningful professional supervisions with staff. A tracker was in use to provide oversight of when supervisions and appraisals had taken place or were due for completion. While some supervisions had fallen behind, leaders in the service were moving at pace to complete these. Some further work is necessary to ensure that supervision is embedded in practice. We advised the provider to seek further information from the Scottish Social Services Council (SSSC) regarding best practice for the provision of supervision.

This area for improvement has not been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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۔

ਬਿਨਤੀ '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.