

Auchtercrag Care Home Care Home Service

Commercial Road
Ellon
AB41 9BD

Telephone: 01358 720031

Type of inspection:
Unannounced

Completed on:
14 January 2026

Service provided by:
Auchtercrag Care Limited

Service provider number:
SP2021000169

Service no:
CS2021000272

About the service

Auchtercrag Care Home is a purpose-built, two-storey, detached building situated in a residential area of Ellon. It provides a care service to a maximum of 45 older people and 26 older people with mental health needs. There were 67 people living in the service at the time of our inspection.

The home is divided into four wings, and all bedrooms are single occupancy with en suite toilet and showering facilities. There are shared lounges and dining areas in all wings. There is an enclosed garden, with further seating and landscaped areas to the front of the home. The home is close to local facilities in the town.

The service is provided by Auchtercrag Care Limited, part of the Meallmore Group.

About the inspection

This was an unannounced follow up inspection which took place on 14 January 2026. 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 10 people using the service and two of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People appeared happy and content.
- The dining areas had been rearranged and this enabled everyone a choice of sitting with others for their meals.
- There was improvements to the support people received to eat and drink well.
- Shift leaders had better oversight of their wing and this contributed to improved and consistent outcomes.
- Staff were visible and attentive to people. This meant people did not have to wait for their care and support needs to be met.
- Staff were being supported to develop and learn to recognise when they needed more support or training.

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 staff team?	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.

In six of the wings people appeared well cared for. They had received the right care and support to help them look their best. Staff had ensured that people who had chosen to remain in their bedrooms, had access to drinks, snacks, buzzers and items to pass their time. However, in two of the wings, less care and attention had been taken with people's appearances and their comfort. This resulted in poorer outcomes for those people. Everyone living in the home should experience the same standards of care and support that meets their needs. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

The home was generally clean and odour free. However, improvements are needed to the cleaning of food preparation areas, storage cupboards and dining tables. These had remains of food and this was unhygienic and posed a risk to people.

The dining areas had been rearranged and this enabled more people the choice of enjoying their meals with other people. This improved the social aspect of mealtimes and ensured that people at risk of choking had the appropriate seating to help them with their posture.

Most people who were at risk of falls had the appropriate measures taken to help reduce those risks. However, two people's motion sensors were inappropriately placed and one person's walking frame was not accessible. Leaders need to ensure that there is consistency in falls risk management and ensure that all sensor aids are placed correctly and that everyone who requires a walking aid, has access to it. (See area for improvement 1.)

The management team had supported staff training and awareness in their roles and responsibilities. This had improved the leadership had contributed to improved outcomes and people experiencing consistency in their care and support. People experienced safe and effective care and support that met their health, safety, and wellbeing needs. (See section 'What the service has done to meet any requirements since the last inspection').

Areas for improvement

1. Improvements are needed to ensure that there is consistency in the management of falls risk measures. This should include the placement of motion sensors and walking aids. This is to ensure that people at risk of falls experience consistency in the care and support to manage those risks.

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).

How good is our staff team?**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.

Staff were visible in the wings and quick to respond to people when they needed assistance. There was improved visibility and availability of shift leaders and this meant they could direct their team and had oversight of the quality of the care provision.

The staffing arrangements at mealtimes was organised as per people's needs and the levels of support needed. This flexible approach meant that the care and support people received at mealtimes had improved and people nutritional and hydration needs were met.

Staff meetings had taken place and the areas of concern from our last inspection were discussed with staff. This enabled staff then to reflect on what they could do to contribute to making the improvements to ensure that people received consistently good care and support.

Leaders had completed staff supervisions with all staff. This ensured that any deficits in staff practices could be discussed and the additional support arranged to help the staff member make the necessary improvements to their practice. This will help ensure that people receive consistency in their care and support.

Managers had made the necessary improvements to ensure that there were sufficient and suitably qualified and competent staff on duty to meet the health, wellbeing, and safety of people. (See 'What the service has done to meet any requirements since the last inspection').

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

Requirements

Requirement 1

By 9 January 2026, the provider must ensure that people experience safe and effective care and support that meets their health, safety, and wellbeing needs. This includes, but is not limited to, support with eating and drinking, risk reduction in relation to falls and choking. You must ensure that:

- a) ensure that people get the right levels of care and support to ensure they eat and drink well
- b) the recordings and information sharing when there is a risk of weight loss, or if there are instances of poor nutritional or fluid intake must improve to ensure there is additional support planned to help improve outcomes
- c) ensure that when equipment is identified as being needed to reduce the risks of falls, that this equipment is consistently activated and accessible
- d) ensure that all staff are aware of the specific needs of people who are at risk of choking
- e) ensure that the care and support provided to people at risk of choking, is as per their care plan and risk assessment
- f) ensure that shift leaders have improved oversight to ensure that people experience safe and effective care and support.

This is to comply with Regulations 4(1)(a) (welfare of service 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 care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 2 December 2025.

Action taken on previous requirement

Managers had supported staff to improve their skills and knowledge in ensuring that people received the right levels of support to meet their hydration and nutrition. Improved oversight of staff and assessment of how they put this training into practice meant there was consistency in people's care and support.

Managers had held meetings with shift leaders to inform them of the areas of concern from our previous inspection. This helped leaders to identify areas of their own practice that needed developed. Managers had

oversight and completed competency assessments regularly. This meant that they could identify areas of leaders' practices that still needed improved. There was noticeable improvements to the availability of shift leaders and their oversight and direction of their team. This led to improved and consistent outcomes for people.

Handover records had been adapted to enable staff to record if people had not eaten or drank well. This meant that the next shift could provide the additional support to improve outcomes.

The dining areas had been changed and increased seating enabled more people to eat their meals with others. This helped develop the social aspect of the mealtime experience for more people and ensured that more staff were available in the dining areas.

The nutritional overview of people was up-to-date with risks and the specific needs of individuals. Staff had easy access to this document and used this to help inform the care and support people needed. This ensured that people who were prescribed altered textured diets, received the correct meal and the right level of support. The option of sitting at the dining table was available to everyone. This meant that people had correct seating at a table at the right height. This meant that people who were at risk of choking were being supported to maintain correct posture when eating.

People at risk of falls had the necessary care plans and risk assessments in place. The measures needed to reduce the risk of falls were mostly in place, however, in one wing staff had not placed motion sensors for two people appropriately and the walking aid for one person was unreachable. This meant that the necessary measures were not in place to reduce the risks to those three people. (See area for improvement in 'How well do we support people's wellbeing?').

Managers and staff had worked hard to make the necessary improvements to meet this requirement, and this had resulted in improved outcomes.

Met - outwith timescales

Requirement 2

By 9 January 2026, the provider must ensure that there are sufficient and suitably qualified and competent staff on duty to meet the health, wellbeing, and safety of people in order to provide safe, high quality, consistent care and support for people.

This is in order to comply with section 7(1)(a) and 7(1)(b) 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 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).

This requirement was made on 2 December 2025.

Action taken on previous requirement

Managers completed monthly dependency assessments and this helped inform the number of staff needed to meet the care and support needs of people. There was a flexible approach to the allocation of staff at

mealtimes. This meant that staff numbers were reflective of the care and support of people and the help they needed to eat and drink well.

Staff meetings had taken place and managers used this opportunity to discuss with staff areas of practice that needed to improve to ensure people experienced improved and consistent outcomes. This helped staff to identify areas of their own practice that they needed to develop and ask for the support they needed to ensure this took place. This approach helped staff awareness of their role and responsibility in ensuring that the care homes care provision was consistently good.

When staff practices were identified as falling below the expected standards, recorded conversations were held. This ensured that staff were aware of what they needed to improve and why these improvements were needed. Managers were committed to ensuring that people experienced consistency in their care and support by a staff team who used their skills and knowledge to deliver the expected standards.

Managers and staff had worked hard to make the necessary improvements to meet this requirement, and this had resulted in improved outcomes.

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 ensure that people are consistently treated with compassion, dignity, and respect. This should include;

- a) ensuring that people's washing, dressing and grooming needs are met to the consistently good standards they expect
- b) ensuring that people are given the compassion and love that they need when they are upset, anxious, or distressed
- c) ensure that shift leaders have improved oversight of the standards of care and support in their wing, and address any deficits with the necessary staff.

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).

This area for improvement was made on 2 December 2025.

Action taken since then

The experiences of a few people in the home were less positive than others. In two wings some people had not received the right support and help with their washing and dressing needs. This impacted on their appearance and they appeared less well groomed.

People appeared occupied and staff took time to engage and have meaningful conversations with them. This resulted in positive outcomes. This meant that people were settled and appeared content.

Shift leaders were more visible and directed staff when it was needed. However, there were concerns with the standards of cleanliness in one wing. Food prep areas, dining tables and storage areas were contaminated with food remains well past the time of breakfast. This was unhygienic and did not demonstrate respect for people living in the service.

The area for improvement is unmet and 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.

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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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