

Queens Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
14 January 2026

Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2019378615

About the service

Queens Care Home is registered to provide care and support for up to 43 older people with mental and/or physical impairments. The provider of the service is Sanctuary Care Limited.

The service is situated on the promenade in the Ayrshire town of Prestwick, close to local amenities and transport links. The premises is an extended two-storey property with a garden, conservatory pod and a decking area facing the seafront. Bedrooms are single rooms, some of which have en-suite facilities with the ongoing refurbishment plan seeking to increase this provision where possible. Adapted, shared bathing/showering facilities are available on both floors. The ground level offers shared lounge and dining/kitchen facilities.

About the inspection

This was an unannounced inspection which took place on 7, 8, 9 and 14 January 2026. 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 seven residents and four of their relatives
- spoke with 17 staff and management
- observed practice and daily life
- reviewed documents
- spoke with a visiting professional.

Key messages

- The management team led by example, fostering a culture of teamwork and ongoing improvement, resulting in positive outcomes and experiences for people receiving care and their families.
- Residents experienced good monitoring and responsive support in respect of their physical and mental wellbeing, promoted by a skilled team of staff with the right training to help them meet these needs.
- Staff helped residents maintain meaningful personal relationships and facilitated links with the wider community. The activities programme was creative, varied and impactful, offering people enriching opportunities.
- Staffing levels had been effectively managed. Staff felt valued and supported by a management team that prioritised their wellbeing. As a result, staff remained motivated and committed, contributing to positive experiences for residents and their families.

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

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| How well do we support people's wellbeing? | 5 - Very Good |
| How good is our setting? | 5 - Very 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 identified major strengths that had a clear, positive impact on people's experiences and outcomes. We evaluated this key question as very good.

Residents and families expressed strong confidence in staff, describing support that met health and wellbeing needs safely and effectively. People told us they had positive, trusting relationships with staff. Throughout our visit, residents benefitted from prompt and regular interactions with familiar staff who had time to engage meaningfully with them outwith care tasks. People commented:

'I was a bit apprehensive about moving in but it's the best decision I could have made. Staff are wonderful and there's plenty to do if you want to join in.'

'There's nothing to improve on. I couldn't be anywhere better. I'm treated so well and the food is lovely.'

'So caring - nothing is a bother. All the staff are marvellous - each and every one of them cares for mum. She came in here and has thrived ever since.'

The staff make it - like family and good friends. I just knew it was the right place for mum as soon as I walked in the door.'

'I can go home with a smile on my face knowing (relative) is well loved and looked after. I'm kept fully up to date.'

Staff promoted meaningful contact with loved ones and helped residents to maintain relationships with people who were important to them. We saw that the environment was homely and welcoming, and staff made evident efforts to engage with visitors with whom they had positive relationships. Procedures were in place to support continued visiting during any periods of restriction, helping to reduce loneliness and distress.

Personal plans were generally detailed and person centred, reflecting residents' needs, preferences and choices. Health needs had been regularly assessed, monitored and reviewed using evidence based risk assessments. We identified effective interventions that had supported good outcomes for individuals across a range of health concerns including nutrition, skin care, mental health and medication management.

The management team had established a responsive assessment process that delivered the right number, skill mix and deployment of staff to meet residents' care and support needs. Using a process of continuous assessment, the manager had implemented the staffing method framework to consider and link the various aspects of workforce and workload planning that delivered positive outcomes for people as well as supporting the wellbeing of staff.

We found good levels of compliance with the training that staff undertook to enable them to meet residents' health and wellbeing needs properly. Staff demonstrated sound knowledge of individual residents, enabling them to recognise and escalate health concerns promptly. Good communication systems, including effective handovers and daily 'flash' meetings ensured that key information had been shared and acted on. Collaborative relationships with external professionals had supported safe, timely and effective interventions with one commenting:

'Staff have the best of intentions and are quick to identify where there is a need. They are very helpful and good at following instructions and keeping in contact.'

We discussed the importance of staff undertaking the right level of dementia training to ensure they have the necessary learning and skills to enable them to support residents living with this condition. There were plans in place to progress this training for the staff team.

Staff benefitted from regular supervision that encouraged them to reflect on their practice and discuss training needs. The current approach would be improved by revisiting agreed actions from previous supervision meetings as well as using smart goals that avoid the use of 'ongoing' or 'asap' when referring to timescales for achievement.

Good accident and incident management relies on clear reporting, reflective analysis and responsible action. We saw that this had been well managed using open communication and a learning culture that acted to minimise the risk or recurrence for individual residents.

The service had recently moved over to electronic medication management and staff were familiarising themselves with the associated processes. We concluded that medicines management had been safe and well-governed, supported by regular checks and audits. Staff practice minimised the use of medication associated with unwanted side effects, and clear protocols had been established for the use of psychoactive and 'as required' medication.

Residents benefitted from a varied, creative and purposeful activities programme. Staff valued meaningful occupation and designed activities that promoted relationships, revisited past interests and reinforced a sense of belonging. Opportunities to connect with the local community had been delivered. The activities team outlined promising plans for further developing the programme and we look forward to seeing the impact of this at the next inspection.

The mealtimes we observed were well organised, sociable and supported by attentive staff who offered discreet support whilst promoting independence. Residents told us they enjoyed the food with snacks and drinks readily available outwith meal times. Catering staff had a good awareness of people's needs and preferences, delivering varied menus.

High standards of cleanliness and robust infection prevention and control practices were consistently demonstrated, supported by regular checks and audits. This helped to protect residents from the risk of infection.

How good is our setting?

5 - Very Good

We identified major strengths that had a positive influence on people's experiences and outcomes. We evaluated this key question as very good.

People using care services should benefit from high-quality facilities that meet their individual needs. We found that Queens Care Home offered a comfortable, welcoming and homely environment. Residents and their families had participated in decisions about the environment and were positive about the location and facilities, commenting:

'You couldn't get a better location - right on the beachfront so the views are lovely.'

'My room is very nice and always kept spotlessly clean. I enjoy a natter with the domestics and it was really good to be able to bring my own things in with me from home.'

'Parts have been done up recently and the Arran lounge is lovely. They did work on the outside of the home last year which has improved the look of the building.'

'They take good care of the place and it always has a great feel - upbeat and friendly. It's clean and fresh and there's a good garden and the pod for spending time outside.'

The provider had continued to invest in the environment with ongoing refurbishment further enhancing the appearance of the home. An ongoing improvement plan included a focus on the development of the environment whilst remaining sympathetic to the original features. Plans included upgrading the remaining bathrooms and bedrooms as well as the addition of a kitchenette in Balmoral lounge for resident and family use. Being an older, extended building, it was positive to see the commitment to ongoing investment and improvement that supported good outcomes for people.

The King's Fund environmental assessment tool had been used to consider the needs of people living with dementia and the outcome and ongoing plans offered a good reflection of strengths and areas for development.

The environment met people's needs, with good accessibility and signage. This enabled residents to move around freely and safely, receiving support from staff when required. The necessary equipment was available and well maintained, enabling staff to provide safe, effective care.

In addition to the single room accommodation, two well-appointed lounges and a large dining space offered residents a choice of attractively decorated and furnished areas with pleasant views. This choice allowed people to socialise or spend quiet time alone, depending on their preference.

Staff worked with residents and their families to personalise bedrooms, helping people feel a sense of comfort and ownership over their own space. People also benefitted from the beachfront location close to local amenities and the availability of a garden and conservatory pod. People told us they enjoyed spending time outdoors.

High standards of cleanliness and robust infection prevention and control practices were consistently demonstrated, supported by regular checks and audits. Housekeeping staff played a key role in maintaining a clean, fresh and clutter free environment. Cleaning and disinfection protocols were in place, reducing the risk of cross-infection and contributing to a pleasant home for residents and visitors alike.

Robust maintenance arrangements ensured a safe and secure environment that protected people from avoidable risks or harm. Equipment used to support residents' needs had been well maintained and repairs had been attended to quickly. Maintenance records were managed electronically with alerts in place when checks were due and these were up to date.

How well is our care and support planned?

4 - Good

We identified important strengths that had a positive influence on people's experiences and outcomes, alongside some areas for development that would further enhance the quality of personal planning. We evaluated this key question as good.

People using care services should experience dynamic and aspirational care planning that meaningfully guides every aspect of the support they receive. The personal plans we reviewed contained helpful information about residents' needs and preferences, and staff clearly valued the importance of understanding each person's life history and the supporting relationships that mattered to them.

Residents benefitted from care planning that staff had used effectively to meet assessed needs. We found that risk assessments and care plans had been reviewed and updated regularly. This ensured that support remained responsive to changes in individual needs. It was encouraging to see that, in addition to identifying support needs, personal plans reflected a strengths-based approach that recognised people's abilities and how to promote their independence.

We saw that residents and their families had been consulted when personal plans were developed and during six-monthly reviews, helping people to meaningfully influence their own care and support.

Although personal goals had been set when care planning, these had not been revisited in an outcome-focussed way when undertaking care plan evaluations or six-monthly reviews. This was a missed opportunity to fully evaluate the quality of people's experiences. In discussion with staff, we identified good examples where staff had supported improved quality of life for people, but this had not been captured in the records we looked at. In addition to health and clinical needs, the review pro forma should be reviewed to promote more of a focus on the impact on planned care and support on people's experiences, relationships, achievements, involvement in activities and so on. The management team agreed to support staff to strengthen outcome focussed evaluations and reviews to better reflect the impact of their 'enriching lives' approach. We made an area for improvement regarding this and signposted staff to the good practice guidance on the Care Inspectorate Hub (see area for improvement 1).

Areas for improvement

1. Outcome focussed care plan evaluations and six-monthly reviews should reflect the impact of care and support in achieving planned goals that deliver positive experiences for residents and their families.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

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

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| 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 setting? | 5 - Very Good |
| 4.1 People experience high quality facilities | 5 - Very 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 |

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