

Moyness Nursing Home Care Home Service

76 Grove Road
Broughty Ferry
Dundee
DD5 1JP

Telephone: 01382 480 899

Type of inspection:
Unannounced

Completed on:
8 January 2026

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272061

About the service

Moyness Nursing Home for older people is situated in a residential area of Broughty Ferry in Dundee. The service provides nursing care for up to 30 people, at the time of inspection there were 22 people living in the service.

The service provides accommodation over two floors in single bedrooms and one double bedroom, each with an ensuite toilet and wash hand basin. There is one sitting room and a dining room, as well as a conservatory and a large, well tended garden.

Moyness Nursing Home for older people is situated in a residential area of Broughty Ferry in Dundee. The service provides nursing care for up to 30 people, at the time of inspection there were 22 people living in the service.

The service provides accommodation over two floors in single bedrooms and one double bedroom, each with an ensuite toilet and wash hand basin. There is one sitting room and a dining room, as well as a conservatory and a large, well tended garden.

About the inspection

This was an unannounced inspection which took place on 7 and 8 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 5 people using the service and 1 of their family/friends/representatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- Assessment and pain management of people experiencing pain had improved to promote people's health and well being.
- Moving and handling practice had improved which helped to ensure people's health safety and well being.
- Medication management and documentation had improved and we were assured that people were receiving their medication as prescribed.
- Improvements had been made to the implementation of quality assurance processes. These had more effective in identifying issues and staff had a better understanding of expected standards.
- There is effective leadership in the service that supports and promotes people's health, safety and well being, however the service and leadership team is in the midst of transition and more time is needed to ensure that improvements are embedded and sustained.

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 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

This inspection was undertaken to evaluate the progress made by the service in addressing the requirements issued at the previous inspection. Further detail on our findings is provided within the section Outstanding Requirements.

We found that the service had made progress in strengthening the safe management of medication, improving the assessment and management of pain, and enhancing the moving and handling practices carried out by the care team. These improvements have contributed to better oversight of people's health needs and more consistent delivery of care.

Based on the evidence gathered during this inspection, we have evaluated the service as adequate in relation to how well people's health and wellbeing benefits from their care and support.

How good is our leadership?

3 - Adequate

This inspection was undertaken to assess the progress made by the service in addressing the requirements issued at the previous inspection. One requirement relating to leadership has been met, and the timescale for the remaining requirement has been extended to 23 March 2026. Further detail on our findings can be found in the section Outstanding Requirements.

We found that the service had made progress in strengthening leadership and improving the quality assurance processes in place. These developments have contributed to improved oversight of people's health needs and a more consistent approach to the delivery of care.

Based on the evidence gathered during this inspection, we have evaluated the service as adequate in relation to how well leadership, quality assurance, and improvement support positive outcomes for people's health and wellbeing.

How well is our care and support planned?

3 - Adequate

This inspection was undertaken to assess the progress made by the service in addressing the requirements issued at the previous inspection. The timescale for the requirement relating to care planning has been extended to 23 March 2026. Further detail on our findings is available in the section Outstanding Requirements.

We found that the service had made some progress in strengthening care planning; however, further work is required to ensure that care plans are personalised, accurate, and provide sufficient guidance to support staff in delivering care effectively.

Based on the evidence gathered during this inspection, we have evaluated the service as adequate in relation to how well assessment and personal planning reflects people's outcomes and wishes and supports positive outcomes for people's health and wellbeing.

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

Requirements

Requirement 1

By 5 January 2026, the provider must ensure that the administration of medication is safely managed in a manner that results in people's health, safety, and wellbeing needs being met. To do this, you must, at a minimum:

1. Ensure that medication prescribed to service users is available within the service at all times
2. Put in place, and implement, a system to audit the quality of medication records to ensure that prescribed medication is administered as directed and in accordance with a service user's individual needs
3. Demonstrate that monitoring arrangements are capable of identifying any errors in administration, or recording, of a service user's medication and that appropriate actions are taken to address such errors
4. Ensure that clear, personalised protocols are in place in relation to as required medications
5. Ensure appropriate assessments are undertaken to assess people's pain and that appropriate pain relief is provided

This requirement was made on 4 November 2025.

Action taken on previous requirement

This requirement was made as we identified a number of concerns in relation to the safe management and administration of medication at our previous inspection. This meant that we were not confident that people's health, safety, and wellbeing needs were being met.

The service had taken a number of steps to improve the safe administration of medication. Improvements had been made to the ordering of stock and the overall management of medicines, helping to ensure that prescribed medication was consistently available within the service.

Medication counts were generally accurate, and it was encouraging to note that discrepancies in stock were being discussed during Flash meetings. This demonstrated that issues were being identified promptly and that staff were taking appropriate action to address them. Pain assessments were being used consistently where a need had been identified, supporting timely and appropriate pain relief for individuals.

The service had also established monitoring arrangements capable of identifying errors and had taken steps to respond to and rectify these when they occurred.

We were assured that people's health safety and wellbeing needs were being met by the safe management and administration of medication.

This requirement is met.

Met - within timescales

Requirement 2

By 5 January 2026, the provider must ensure that people's moving and handling needs are safely managed in a manner that results in people's health, safety, and wellbeing needs being met. To do this, you must, at a minimum:

1. Ensure that all staff are appropriately trained and competent in safe moving and handling practices.
2. Ensure that people's mobility and safe moving and handling needs are fully assessed and care planned.
3. Put in place, and implement, a system to audit the quality of moving and handling practices to ensure that all moving and handling is carried out as directed and in accordance with a service user's individual needs.

This requirement was made on 4 November 2025.

Action taken on previous requirement

We made this requirement at our last inspection after observing unsafe moving and handling techniques that placed people's health and wellbeing at risk.

Staff had recently completed an in house moving and handling course, which provided protected time for practice, observation, and skills development. Practice observations had been undertaken, and reflective discussions had supported staff to consolidate their learning. Staff told us the training had been beneficial to their role and that they felt more confident and knowledgeable in supporting people to manoeuvre safely. Ongoing feedback and supervision were also in place to reinforce good practice.

People's moving and handling needs had been reassessed, and these were clearly documented within their care plans, providing suitable guidance for staff.

During the inspection, we observed people being supported safely, with appropriate moving and handling equipment used in line with assessed needs. Based on the evidence gathered, we were assured that moving and handling practices had improved.

This requirement has been met.

Met - within timescales

Requirement 3

By 31 October 2025, the provider must ensure that the care service is led and managed in a manner that results in people's health, safety, and wellbeing needs being met.

In order to achieve this you must:

- a) Establish and clarify the roles and responsibilities of all staff providing leadership and/or care across the

service and ensure this is shared and understood by all staff.

- b) Establish clear communication processes and systems to share information about people's current or changing needs on a daily basis. This should include, but is not limited to, wound care, falls, nutrition, infections, and medication.
- c) Establish clear clinical oversight in relation to care planning and delivery of treatment and care. This may include, but is not limited to, observation of people's care experiences, observation of staff practice and communication, and regular review/audit of care plans, daily notes, and records.
- d) Ensure that referrals are made promptly to the relevant health professional.

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: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13); and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This requirement was made on 8 October 2025.

Action taken on previous requirement

We made this requirement as we had concerns that people's health safety and wellbeing needs were not being met due to a lack of clinical oversight in the service.

The temporary manager had made significant progress in establishing the foundations needed to move the service forward. Communication within the service and with families had improved, and there was evidence of closer collaboration with the care home team. Clinical oversight had also strengthened; monitoring of people's weights, wounds, and other key health indicators had become more consistent, contributing to improved outcomes for individuals.

However, the service remained in a period of transition, with a temporary manager in post and several newly recruited nurses still embedding into their roles. These factors indicated that, while meaningful progress had been made, the service required additional time to demonstrate stability and sustained improvement in relation to this requirement.

We have extended the timescale of this requirement to 23 March 2026.

Not met

Requirement 4

By 31 October 2025, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing requirements of people receiving care are met and that they experience positive outcomes.

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

- a) Implement audits which enable the quality of the service to be monitored and which identify areas for

improvement.

b) Ensure any identified areas for improvement are addressed without delay.

c) Ensure there is always appropriate and effective leadership of the service.

This is in order to comply with Regulation 4(1)(a) (Welfare of users); and Regulation 10(2)(a), (b), and (d) (Fitness of premises) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 8 October 2025.

Action taken on previous requirement

We made this requirement as we had concerns in relation to leadership in the home. The lack of effective oversight resulted in a failure to identify where improvements were needed and to take appropriate actions in response.

There had been changes to the leadership team and a temporary manager was in place. Audit systems were in place, and it was positive to note the structured approach used to track and progress actions effectively. Staff demonstrated a clear understanding of expectations and were aware that identified issues would be followed up appropriately. The service's responsiveness to staff requests for new equipment was evident and had contributed to improvements within the environment. Changes to communal areas, including adaptations to the conservatory, were observed, and a bathroom upgrade was underway at the time of inspection.

While these developments were encouraging, it was recognised that leadership responsibilities could not rest solely with one individual. To sustain improvement, it is important that all staff continue to demonstrate leadership within their respective roles.

This requirement is met.

Met - within timescales

Requirement 5

By 22 June 2025, the provider must make proper provision for the care and support needs of service users.

In particular, the provider must:

a) Ensure the regular assessment of need and associated risks.

b) Ensure care planning which fully directs the care team as to how individual's needs should be met.

c) Ensure the regular review of the care plan to ensure it remains reflective of the individual's needs.

d) Ensure regular audit of care records to confirm care is provided in accordance with the care plan.

e) Ensure changes in the individual's condition, such as significant weight loss, prompts a review and change to the delivery of care.

To be completed by 22 June 2025.

This is to comply with Regulation 5(2)(b)(ii) (Personal plans) 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 am fully involved in assessing my emotional, psychological, social, and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

This requirement was made on 1 April 2025.

Action taken on previous requirement

This requirement was originally made as a result of a complaint investigation.

We found that some elements of people's care plans had been updated, and certain aspects had improved. For example, wound care plans were being implemented, reviewed, and audited, and outcomes for people had improved as a result.

Pain management had also improved. Pain assessments were carried out in line with care plans, and pain medication was administered appropriately. We were assured that people's pain was being managed effectively.

People's mobility plans had been updated, with clearer documentation of the approaches and equipment required to support them safely.

Reviews were taking place, and actions were being generated with appropriate managerial oversight. However, care plans did not consistently reflect people's needs or preferences. While some plans included good person centred detail, there was limited evidence that identified actions were being implemented. For example, one individual's mobility plan stated that they should be supported to use their wheelchair outdoors, yet there was no record confirming that this had occurred.

Care plans require further development to ensure that people experience meaningful and purposeful days. Plans should be accurate, reflect people's rights, choices, and wishes, and support leaders and staff to provide effective care and support. Further work is needed to ensure that care plans are person centred, accurate, and contain consistent information to guide staff reliably in the delivery of care.

Based on these findings, this requirement has not been met, and the timescale has been extended to 23 March 2026 to enable the service to continue making the necessary improvements.

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

In order to ensure residents experience a service with a culture of continuous improvement with a robust and transparent quality assurance procedure, the service should ensure that all concerns and complaints are appropriately escalated to the management team and subject to investigation and resolution in accordance with the organisation's complaints procedure.

This area for improvement was made on 1 April 2025.

This area for improvement was made on 1 April 2025.

Action taken since then

This area for improvement was put in place in response to a complaint investigation.

The service demonstrated effective progress in addressing this area for improvement. Concerns raised by individuals and their families were managed promptly and appropriately by the temporary manager, resulting in positive outcomes. Families told us they felt listened to and reported that concerns were handled in a timely and satisfactory manner. Although no formal complaints had been received, it was evident that issues were resolved early and did not require escalation through the formal complaints process.

This area for improvement has been met.

Previous area for improvement 2

In order to ensure individuals always experience a clean, tidy, and well maintained environment and infection control procedures, the service should ensure the urgent upgrade of the call system to ensure the safety of residents. The service should also undertake effective daily observation of the availability of provisions to ensure good hand hygiene.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'The premises have been adapted, equipped, and furnished to meet my needs and wishes' (HSCS 5.16). This area for improvement was made on 1 April 2025.

This area for improvement was made on 1 April 2025.

Action taken since then

This area for improvement was put in place in response to a complaint investigation.

We did not identify any concerns in relation to the safe management of infection prevention and control during our inspection.

The provider advised there had been a delay in the implementation of the new call system due to technical reasons, therefore this area for improvement is not yet met and will be followed up at our next inspection.

Previous area for improvement 3

In order to ensure safe staffing decisions are in accordance with the organisation's policy and procedure, the service should consider the environment and include the views of residents, staff, professional visitors, and families/representatives in safe staffing decisions.

This area for improvement was made on 1 April 2025.

Action taken since then

Not assessed during this 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?	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 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

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.