Tarriebank House
Care Home Service

Marywell
Arbroath
DD11 5RH

Telephone: 01241 874 458

Type of inspection:
Unannounced

Completed on:
14 January 2026

Service provided by:
Tarriebank Limited

Service provider number:
SP2003000058

Service no:
CS2003000401

About the service

Tarriebank House has been registered since April 2002. The service is situated in a rural location north of the town of Arbroath. It provides residential care for a maximum of 24 older people, and is privately owned.

Accommodation is provided across both the original country house and a modern extension, with all bedrooms being en-suite. The home benefits from being surrounded by attractive gardens and countryside views. Outside seating is provided on a patio area and in various locations around the garden grounds. Inside the home there is a large living room and separate dining room, as well as a small conservatory area.

About the inspection

This was an unannounced inspection which took place on 13 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 12 people using the service and three of their families
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

People were well cared for and told us they were happy and enjoyed living in Tarriebank House.

The home benefitted from a consistent staff team who knew people really well.

The provider was committed to continuous improvement to upgrade the environment.

Care plans had improved and were detailed and reflected people's current care and support needs.

Although people were experiencing meaningful connection at times, this still needed to be developed further in order for people to experience more positive outcomes each day.

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 setting?	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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home had a nice, welcoming and homely feel, with the entrance area being noticeably brighter and fresher since our last visit, due to recent redecoration. The atmosphere was good, and staff and residents looked relaxed and happy. There were warm, encouraging and supportive relationships between people living in the home and staff. We heard and observed kind and caring interactions, with laughter and banter too. People told us, 'Staff are very friendly and helpful' and 'The girls are really hard working'. This meant that people were being looked after in a caring and nurturing environment.

Attention had been taken to support people to look their best. People were clean and well presented, with some having recently had their nails painted and hair styled. This helped towards people's confidence and pride in their appearance. People spoke positively about the home and told us, 'I was very lucky to get in here' and 'It's great knowing my relative is so well looked after in here and it's reassuring for me'.

An activities weekly plan had been developed and was displayed in the lounge. This helped people and their families keep up to date with what was planned for the week. People had enjoyed visits from the Shetland ponies, entertainers and more recently a local company called 'Potter Rhoney', where residents enjoyed exploring their more creative side by painting pottery. This gave people a sense of achievement and purpose. People spoke positively about the large screen having now been fixed in the lounge and that this was now visually, was much better for them to watch films. People told us, 'Staff sit and play dominoes and I get a laugh with them and others. I've things to do'. The home had a wheelchair accessible vehicle to facilitate trips out, and this was also available for families to use too, where required. People told us there had been trips out to the panto, local cafes and garden centre which they enjoyed. As a result, people had been supported to keep active and engaged, with different activities in the home and in the community, which enhanced their overall wellbeing.

Relatives told us they could access the home freely at any time to visit their loved ones. There were occasions where staff spent time meaningfully with people in between tasks, however, this could have been encouraged to be developed further. For example, there were still a lot of people sitting sleeping for long periods of time in the lounge area, and in their rooms. Staffing levels were appropriate, and therefore we discussed with managers the importance of working closely alongside staff to ensure meaningful connection was encouraged as much as possible, and that care and support wasn't all task orientated. This would ultimately lead to more positive outcomes for people. We will follow this up at our next inspection.

People were having positive mealtime experiences. There was a calm atmosphere in the dining room with staff being attentive with kind interactions. Meals looked and smelt appetising and people were enjoying the food. We were told, 'Meals are good, you get a choice. You get lots, you can put on weight if you don't watch yourself'. People were offered second helpings and choices. Assistance was given to those who needed it, very discreetly. It was good to see staff were not only there to assist people, but also sat and enjoyed a meal with them too. This made for a more collaborative approach to mealtimes, which everyone enjoyed.

People were offered plenty of fluids and snacks throughout the day and were well hydrated and nutritionally well. Fluids and snacks were also freely available for people to access themselves in the lounge and in people's bedrooms. However, one resident who was identified by the service as frail, with reduced intake, did not have a food or fluid chart in place. This could have resulted in a poor outcome for this person as no monitoring of oral intake had been commenced. See area for improvement 1.

Care plans were detailed and reflected the level of care required. People's health benefitted from access to a range of community healthcare professionals and agencies. Staff recognised changes in people's health and made appropriate referrals to other agencies. One professional told us, 'They engage with me, demonstrating transparency by seeking advice and guidance'.

The service had good oversight of falls and had management tools in place to monitor and minimise the number of falls in the home. As a result, all measures to reduce falls were in place and were monitored closely, in order to keep people safe and well.

Any legal arrangements that were in place such as power of attorney were clearly described in people's care plans. This meant it was clear what support people required to make decisions about their wellbeing, and/or finances. This ensured people's rights were respected and upheld.

People's end of life wishes were well documented in anticipatory care plans, (ACPs) and had been discussed with the appropriate people. As a result, this helped staff to identify what actions should take place when people reach the end of their lives.

Where people had restrictive measures in place, it wasn't clear what discussions had taken place regarding the level of risk for people, and the subsequent required consent. For example, where sensor mats were in use, there were no risk assessments or consents in place for their use. Consent and risk assessment discussions needed to be explicit, in order to document what the risks are of having restrictive measures in place. This would ensure that these are the least restrictive measures required, and ensure people's understanding around these processes. See area for improvement 2.

A clear and organised process for administering medication for people was in place, and this was audited regularly to ensure compliance. As required, (PRN) protocols were in place for people where necessary, and the effectiveness of these medications had been recorded appropriately. People were therefore confident that they received their medications safely.

The home was visibly clean and tidy with appropriate cleaning records in place. Personal protective equipment (PPE) was available for staff throughout the home and being used appropriately. However, the domestic trolley was cluttered, and some cleaning products that had been made up were not labelled appropriately, which could have presented a risk. Clean hand towels were piled up on the domestic trolley, which increased risk of cross infection. Toiletries in some ensuites were stored on top of the toilet cisterns, which did not comply with the current guidance on Infection Prevention and Control (IPC). We discussed these issues with the manager and prompt action was taken to rectify.

Legal documentation was up to date and clearly recorded in people's plans. Reviews had taken place within regulatory timescales, and demonstrated participation with people living in the service. This meant that people's views had been actively sought and recorded.

People's finances were managed safely and appropriately, with a robust and organised system in place.

Areas for improvement

1. In order to support positive outcomes for people, the provider should ensure that where the nutritional needs of people have changed, appropriate monitoring documents are implemented timeously. Documentation should be accurate, sufficiently detailed, reflect the care planned and be regularly reviewed.

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 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. Where restrictive measures are in place to keep people safe, the provider should ensure that the reasons for such restrictions are clearly risk assessed, documented and discussed with people and their representatives. This is to ensure that people have informed consent and that decisions are made in accordance with the Mental Welfare Commission for Scotland Good Practice Guide on 'Rights, risks and limits to freedom'.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

How good is our setting? 4 - Good

We considered two quality indicators under this key question and evaluated both of these as good. There were several strengths that impacted positively on outcomes for people and clearly outweighed areas for improvement.

The provider was committed to continue to improve the environment for residents, and had a plan of works in place for the forthcoming two years. This incorporated upgrading of ensuite bathrooms, bedrooms, new flooring in the corridors and a refit of the main kitchen. People spoke positively about the difference in the service since the new provider had taken over. Consultation with people living in the service regarding choices of new bathrooms, carpets, colours, would ensure people were listened to, given choices and be involved in positive changes to their environment. We look forward to seeing how this has been developed at our next visit.

The environment was warm and welcoming. It was noticeable on entering the home that there had been improvements to the main entrance and stairwell. The home appeared much brighter and fresher. Small, personal seating areas had been created which had made a difference to the overall feel and look of this area. We were told these areas were now well used by families visiting loved ones. This gave people more choice as to where they could spend private time for meaningful connection.

The garden area was enclosed and had plenty of seating areas and beautiful views for people to enjoy. People told us they used the garden during the warmer weather. We were told, 'When it's good weather we sit out in the sun' and 'I can go out when I want and am able to access out there myself'. People being able to freely access the outdoors for fresh air contributed to maintaining their overall health and wellbeing.

There was a variety of communal areas for people to enjoy, as well as having privacy in their own bedrooms. People were choosing where to spend their time and told us it was their choice, and they could spend time wherever they wished to do so.

The home had a lift to the upper floor and corridors and main areas were spacious, which encouraged people to be able to wander freely in all areas. This kept people active and promoted independence as much as possible.

Bedrooms were varying in size but all were single, with ensuite facilities, and had been personalised with items from home. Some people told us they felt right at home as they had been able to bring some of their furniture with them, which had made a difference to them feeling settled and happy.

A process was in place for maintenance, and all faults and repairs were reported, and fixed timeously. Regular checks had been completed and required certificates were in place. We noted that one window in the main bathroom did not have the required window restrictor in place, and was still able to be opened fully. This could have been a potential risk to people's safety in the home. We discussed this with the provider, and forwarded the current Health and Safety Executive (HSE) guidance, 'Health and safety in care homes'. The provider responded quickly and the required restrictor was fitted by the end of our inspection.

Appropriate, visual aids were in place in all areas of the home. Signage was pictorial, in large bold print, with colours to aid people who were visually impaired or had dementia. This helped to keep people orientated around the home.

People were encouraged to keep connected with loved ones, for example some people were supported by staff to maintain contact using Facetime. Others enjoyed the radio to listen to their music and everyone had access to a TV.

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 for people to experience meaningful connection and achieve positive outcomes, the provider should review all staffing arrangements. This includes consulting with staff to ensure people's needs are met holistically.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This area for improvement was made on 27 November 2024.

Action taken since then

Managers had completed a review of staffing which had involved staff consultation. Although this had resulted in increased staffing levels, which had led to more responsive care, this had focussed on busiest times in the evening and morning, rather than how to arrange staff to support more meaningful connection.

There were some positive interactions seen during the course of our inspection with chatting and banter with people and staff, however, there were still a lot of times where people were sitting, sleeping in the lounge and in their rooms who could've benefitted from more meaningful interaction.

For example, one resident sat sleeping for long periods in the lounge both morning and afternoon. We discussed this with managers who told us this person did not sleep well at night and caught up on sleep during the day. We discussed perhaps a different approach to engage this person meaningfully during the day, which may promote sleep at night if she had more to do.

Staff appeared at times, task focussed, which led to missed opportunities for any spare time, to be spent with people in meaningful ways. People could be involved in daily tasks such as folding laundry, setting tables, light domestic tasks with staff, to give them purpose and spend meaningful time together. Enjoying chats and a coffee together or an activity would support better outcomes for people.

We discussed that staffing levels were appropriate to be able to support more meaningful connection for people, and that discussions with staff, and working alongside them to organise and role model how best to use their time, would ultimately be beneficial for people's wellbeing.

Although there was some improvement noted, this area for improvement has not been fully met and will be carried forward to our next inspection.

Previous area for improvement 2

To ensure positive outcomes for people who use this service the manager should ensure that care documentation is accurate and complete and clearly evidences all the care and support that has been set out in support plans in accordance with people's preferences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me' (HSCS 1.19)

This area for improvement was made on 27 July 2023.

Action taken since then

Care plans were detailed and reviewed on a regular basis to ensure people's care was right for them and was current. Medication care plans had improved and detailed the support people required.

People's daily notes could have been more evaluative, however we saw lots of entries under a different section in the electronic care planning system, as to what people were achieving each day. We discussed perhaps using the daily notes section to document people's outcomes in the one place, which would aid consistency of reviewing information.

This area for improvement has been met. However a concern was noted around one person being identified as frail, with reduced oral intake, but had no food or fluid chart commenced. This had been identified as an issue at a previous inspection and therefore we have made a new area for improvement for this. See under Key question 1.

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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
4.2 The setting promotes people's independence	4 - Good

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