

Claremont Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
HC-One No. 1 Limited

Service provider number:
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CS2016349794

About the service

Claremont Care Home is registered to provide a care service to a maximum of 80 older people. The provider is HC - One Oval Limited. The service registered with the Care Inspectorate in 2017.

The home is situated in the town of Ayr, close to local amenities and travel routes.

The accommodation is provided in four units and spread over two floors connected by a passenger lift. All bedrooms are single occupancy with en-suite wet floor showers. Lounge, dining and assisted bathing facilities are available within each unit and some units have a small kitchen which can be used by people experiencing care and their families to prepare drinks and snacks.

There is an accessible garden at the rear of the home.

About the inspection

This was an unannounced inspection which took place on 21, 26 and 27 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 people using the service and visiting family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

People living in Claremont care home benefit from kind and compassionate care. People told us they felt well cared for.

Staff demonstrated a good awareness of people's needs, preferences, and routines, which ensured that individuals' choices were respected.

Nursing and senior care staff were skilled, knowledgeable, and responsive to people's health needs.

Access to meaningful activities should be improved to support people's wellbeing.

Leadership was responsive and committed to continuous improvement.

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 leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	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?

4 - Good

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

During our visit, we observed that people living in the home benefit from kind and compassionate care. Individuals told us they felt cared for and supported well by all staff. People we spoke with told us:

"The staff are lovely, so kind and friendly. They are very helpful and can't do enough for me."

"The staff are great, they go the extra mile."

"The staff here are first class."

We visited the home early in the morning and saw that the home was calm and quiet during this visit, which helped to promote sleep and support people's wellbeing.

Mealtimes were well managed. Several people required one to one support to eat and drink, which staff delivered with care and at each person's preferred pace. Staff were well led and deployed.

People spoke positively about the choice and quality of food, and that there was a good range of drinks and snacks available between meals. The catering team demonstrated a good awareness of individuals' nutritional needs and provided suitable alternatives when people did not like the main menu choices. This supports people's nutrition and hydration needs.

It is important that people have access to a range of activities that interest them, this supports people's wellbeing and promotes good mental health. There was a calendar of activities displayed. People told us that they enjoyed the musical events but that there was not much else happening in the home of interest to them. People said:

"It can be a long day."

"I get a bit bored and fed up."

There is a need to review the range of activities available to ensure that they are of interest to the wider circle of people living in the home. We observed long periods where people spent time in communal areas or their bedrooms without meaningful engagement. Staff tended to interact with individuals who could respond, while those people who were quieter or living with dementia received less attention. This could make people feel isolated or lonely. See area for improvement 1.

People's health needs were being effectively supported and managed by a skilled nursing and senior care staff team. They demonstrated a good understanding of people's health needs and how best to support them. They were knowledgeable about the range of healthcare professionals available to support people's needs. There were records to demonstrate that directions from visiting healthcare professionals were followed. This supported good outcomes for people's healthcare.

Families we spoke with shared mixed views on how promptly changes in their loved one's health were communicated to them. While staff did contact GPs and other health professionals, families reported delays in being informed of the outcome of visits, which they found frustrating. Communication links with families should be improved to ensure that they are kept up to date with any changes.

There were good systems for the regular assessment of clinical risks, with appropriate actions taken where needed. Clinical care was discussed daily at flash meetings, and essential healthcare information was communicated during shift handovers. Additional discussion at the afternoon team brief ensured that required actions were progressing, and any changes were communicated promptly, ensuring staff teams were well informed and effectively supported positive health outcomes for people

A new electronic care-planning system had recently been introduced, with staff trained in its use. Personal plans contained up to date risk assessments and clear directions for supporting people's health and care needs. Some plans were more detailed than others. Evaluations tended to be brief and did not always demonstrate whether care plans were effectively meeting people's needs. This will be reflected in an area for improvement under key question 5 of this report.

There was some attention needed to ensure that records of day-to-day care were consistently completed and that a record was made consistently when people declined care. This will ensure that the care people receive is recorded and tracked to determine that care and support needs are managed effectively. See area for improvement 2.

Medication was managed through an electronic recording system, and staff demonstrated a good understanding of its use. The system supported the safe and effective administration of medicines. However, improvements were needed in the management of topical medications, to ensure that topical medication was stored and managed in line with current best practice guidance to support people's health needs. See area for improvement 3.

Areas for improvement

1.
The provider should take steps to support people's wellbeing and promote good mental and physical health by doing the following:

- support staff to develop their skills regarding engaging with people living with dementia
- enhance the range and access to meaningful activities ensuring they reflect people's choices, preferences and abilities.

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) and 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities, every day, both indoors and outdoors' (HSCS 1.25).

2.
Supplementary charts used to record and monitor the care and support interventions provided to residents with enhanced care needs should be fully and accurately completed and this should be reviewed by senior staff to ensure that assessed care needs are fully met.

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).

3. To support people's health needs the provider should ensure that topical medication is managed safely and in line with best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

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 management team was visible and well regarded by staff, residents, and families. People told us,

"The home manager is very approachable and is on hand to speak with."

"The manager of the home has worked wonders to improve the quality of care for all residents. She listens to concerns and acts upon them promptly."

People we spoke with were aware of how to raise concerns. There was evidence that complaints had been managed in line with the provider's policy and procedure. The outcomes of investigations into concerns were used to inform learning to improve and develop the service, which demonstrates a culture of continuous improvement.

An important part of assessing the quality-of-service provision is by using the views of people who live, visit and work in the home to inform service improvement. There were minutes of some meetings. However, we could not determine that people's comments and suggestions had been actioned or how comments informed the service improvement plan. Improving this would ensure that the needs and wishes of people living in the service are the primary drivers for change in the home. See area for improvement 1.

There was effective use of the provider's comprehensive quality assurance system. A range of audit tools were being used to monitor and assess standards of service provision. The outcomes of audits were informing action plans. There was evidence that outcomes of action plans were being verified. This ensured that issues identified were being addressed and resulted in better outcomes for people.

There were good systems in place to monitor accidents and incidents in the home. They were being analysed monthly for patterns and trends and the outcomes used to inform plans of care to minimise risks. This helped to safeguard people from harm.

Areas for improvement

1. To support partnership working and ensure people's views are being heard and responded to, the provider should use the feedback from people living in the home and their families to inform service development.

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).

How good is our staff team?

4 - Good

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

Staff were observed to be kind and respectful. People and their families consistently described the staff as friendly and caring. There was a strong sense of teamwork and good communication across departments. This helps support good outcomes for people living in Claremont care home. People told us:

"You couldn't ask for kinder staff they are all lovely."

"I can't fault the staff they are so kind."

Staff said that they felt supported by the management team. They have access to regular formal supervision giving opportunities for discussions about learning and development. They described the management team as approachable and supportive, and said they felt confident about raising concerns and that their views were listened to.

During the inspection people we spoke with commented that there was a need to increase the number of care staff available to support people. People told us:

"The staff all work very hard, they are always busy, would be nice if they had time to sit for a chat."

"Staff do their best but there just aren't enough of them, sometimes have to wait for help."

"Staff work very hard, I see that they are run off their feet."

"The staff are great but just too busy and understaffed to attend to the buzzers quickly."

"The staff sometimes seem to be under pressure."

We observed that the staff were very busy and that they were working hard to ensure people received responsive care and support. We noted that there were high levels of care needed to support people living in the home. There were indicators that informed that there was a need to reassess the numbers of care staff available to support people and ensure the best outcomes for them. We discussed this with the provider's senior manager who was responsive to our findings. The provider has formulated a plan to increase the numbers of the care staff team and review the deployment of staff. The provider has assured the Care Inspectorate that they will work toward ensuring that the right staff are in the right place, with the right skills, at the right time to fully support people's needs. We will continue to review progress with this and maintain close contact with the care home's management team.

How good is our setting?

4 - Good

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

People spoke positively about the environment of the home. People told us;

"The home is lovely and I'm comfortable living here."

"This is a nice place to live."

There were good standards of cleanliness throughout the care home. The housekeeping staff demonstrated a good level of knowledge regarding their role and responsibilities to ensure that good standards of cleanliness were maintained. This helped to keep people safe from the risk of infection. People we spoke with commented positively about the cleanliness and comfort of the home.

The maintenance records were up to date to show that checks of the equipment and safety of the home were completed. The maintenance worker demonstrated a good understanding of their role in ensuring that the home was safe, and people were protected from harm.

Depending on people's preferences, staff would support people to personalise their bedroom. Incorporating familiar items from home helps to create a welcoming and comfortable personal space for people.

People had access to a range of communal spaces within the home, with large and small sitting rooms. This offered people a choice of where to spend time.

The garden area was accessible. There was evidence that the garden was well used in the better weather. Having access to outdoor space supports people's wellbeing.

There was an environmental improvement plan in place with ongoing work to replace flooring in corridors and to improve storage for toiletries in people's en-suite shower rooms

How well is our care and support planned?

4 - Good

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

People should have a personal plan which details how their current care and support needs will be managed. This ensures that staff are effectively directed to support the individual by taking a consistent and agreed approach. We sampled several support plans and found that some plans were better than others regarding the level of detail about people's choices and preferences. We noted that some plans were nicely detailed, reflected the individual's preferences and were written taking a person-centred approach. However, some other personal plans lacked the same level of detail and were written in a clinical manner, not fully reflective of the person's choices.

We saw how well staff teams knew people and how well they support their day-to-day choices, however, much of this soft information was not detailed in care plans to guide staff. There was a need to develop the information within personal plans to fully reflect people's choices. This would ensure a consistent and agreed approach to people's support. See area for improvement 1.

We saw information regarding people's wishes and decisions about their future and end of life care. This guides staff to respect people's choices.

Care reviews were being carried out six monthly, which ensures that people and their representatives have the opportunity to formally discuss current care and plan for future care.

Areas for improvement

1. The provider should ensure that personal plans are developed in consultation with the individual and their representatives to reflect a responsive, person-centred approach, taking account of individuals choices and preferences.

Plans of care should be evaluated meaningfully and clearly determine that the plan is effectively managing people's care and support needs.

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

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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 good is our setting?	4 - Good
4.1 People experience high quality facilities	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

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