

Torry Care Home Care Home Service

36 Balnagask Road
Torry
Aberdeen
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Type of inspection:
Unannounced

Completed on:
29 January 2026

Service provided by:
Renaissance Care (No1) Limited

Service provider number:
SP2011011731

Service no:
CS2018369768

About the service

Torry Care Home service is owned by Renaissance Care (No1) Limited. It was registered to provide a care home service for a maximum of 81 older people. At the time of the inspection there were 77 people living at Torry care Home.

The service operates from a purpose-built building that has been extended. It is situated near to a range of shops and amenities. The service has four units situated over three floors.

About the inspection

This was an unannounced inspection which took place on 26 January 2026 between 10:30 and 15:30. A further visit took place on 28 January 2026 between 10:00 and 13:30. 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 ten people using the service and three relatives or friends who were visiting the service
- spoke with 15 staff and management
- received 35 completed questionnaires or emails from people using the service, relatives, staff, and visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were welcoming, warm and working together to meet people's needs.
- There was a stable management team in place that were visible, approachable and responsive to concerns.
- Quality assurance processes were more focused on proactively improving outcomes for people.
- A whole team approach to support meaningful daily engagement should be further developed.
- Care plans and documentation were not consistently updated, creating risks of inconsistent care and limiting evaluation.

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, noting important strengths that outweighed areas for improvement. Feedback from people was very positive, with comments such as "We are all one big family" and "I am happy with the care home. I wouldn't change anything." These improvements were clearly enhancing people's day to day experience.

Staff showed many kind and genuine interactions, offering explanations and reassurance. Some engaged warmly with people and knew residents well, though this was not always consistent. People generally felt unrushed, were treated politely, and with dignity. However, at times there was the potential for staff to be task focused, such as staff sorting dishes instead of identifying and focusing on peoples' individual needs.

The wellbeing team organised a range of planned activities and events, and people said how much they enjoyed these. The wellbeing team were praised by relatives for going above and beyond. However, although an activity planner was displayed, people were often unaware of what was happening. Staff did not routinely discuss or promote how people wished to spend their time. As a result, many people spent time in front of the TV, the lounge, or going out to the smoking area. The service needed to strengthen a whole team approach to support meaningful daily engagement and reduce the risk of isolation, particularly for people who stayed in their bedrooms or required staff assistance. The new good day/bad day documentation and one page profiles, which identified people's preferences, wishes and views were in place but were not used proactively to enhance people's daily experiences. (see area for improvement 1).

People were supported to maintain pride in their appearance and in general were well presented. People were being offered and supported to bathe or shower regularly. However, standards were not always consistent, particularly in how people's likes or dislikes were respected, for example more care could be given to ensure people's hair care was maintained to a high standard.

People spoke highly of the meals served. Staff demonstrated a strong understanding of peoples' nutritional needs including modified diets. Training was delivered, and nutritional champions were in place. Clinical oversight remained good, with concerns about weight or nutrition addressed promptly and monitored effectively. This meant people received a very good nutritious diet which met their needs

There was a consistent team of Registered Nurses and senior staff led by the manager. This had resulted, in staff knowing people's health, care and support needs very well. The senior team had built working links with visiting professionals. Changes in people's health and wellbeing were identified and addressed quickly and effectively. Although the information and advice obtained was being recorded within people's notes, the care plans were not updated as people's needs changed. As a result limited formal evaluation was taking place and there was the potential for inconsistent support or poor communication. As a result, at times people did not always consistently receive the care and support that was right for them.

There was good oversight of wound care and skin integrity. Staff reviewed any areas of concern regularly through the auditing processes and weekly clinical risk meetings. The number of pressure related wounds had reduced, due to increased staff training, the appropriate use of specialised equipment and improved staff diligence.

Staff had a good understanding of how to support people who were anxious or distressed. Staff worked closely with external healthcare providers to ensure people received the care and support that was right for them. Although the information and advice obtained was being recorded within people's notes, the care plans were not updated as people's needs changed., As a result limited formal evaluation was taking place and there was the potential for inconsistent support or poor communication.

A new electronic medication system had recently been introduced. Although people were receiving their medication as prescribed. Staff and the senior team were not experts in using the system. This created a risk of lack of oversight and potential errors. Some minor concerns with housekeeping and medication protocols, were discussed with the senior team. Additional training and support had been organised. A previous area for improvement regarding the safe storage and management of medication has been met. (see 'What the service has done to meet any area for improvement we made at or since the last inspection').

An adverse event was not fully investigated. A more proactive approach to adverse incident reporting and communication is needed to allow practice to improve and ensure people's interests are safeguarded (see area for improvement 2)

There was valuable oversight of staffing on each floor. Each unit was led by a senior carer or Registered Nurse who provided strong oversight of each shift. However, staff needed to be more diligent to ensure people's care and support were delivered promptly and consistently. Feedback highlighted delays or unmet preferences, including requests for timely assistance to the toilet, earlier night time support, more social interaction, and support to be up for meals. At times, no staff were visible on the floor, which raised some concerns about how staff were deployed throughout the day. While the home's layout contributed to visibility challenges, buzzers were answered promptly.

The electronic care planning system was not being used effectively to support people's care and support. Care plans and documentation were not reflective the many positive experiences or outcomes for people. The timely recording of people's changing needs and the actions taken to support them need to be improved. This will ensure that the care and support can be truly evaluated. The previously identified area for improvement regarding accurately recording of all care and support provided was not met. Work to improve the standard and quality of documentation remains ongoing and forms part of the services improvement plan. As a result, this area for improvement was restated (see 'What the service has done to meet any area for improvement we made at or since the last inspection').

The service had established systems for managing people's finances. There was a lack of oversight regarding complying with the organisations' own policy that had led to large sums of money being held for people. All legal powers in relation to Guardianship and Power of Attorney arrangements should be clearly defined and applied. This will ensure people are able to have as much control as possible regarding their money and their interests are safeguarded. (see area for improvement 3)

Areas for improvement

1. To support people to get the most out of life, the provider should ensure staff empower and enable people to be more actively involved in their daily life choices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2)

2. To support positive safe outcomes for people who use this service, the provider should review their quality assurance process to ensure they remain focused on improving the outcomes for people. To do this the provider should, at a minimum:

- a) Ensure all adverse incidents and accidents are fully and appropriately investigated.
- b) Ensure all adverse incidents and accidents are shared appropriately with other agencies, in line with local and national guidance.
- c) Where adverse incidents or accidents identify areas for improvement these should be detailed in action plans which must be developed and acted upon.
- d) Ensure all learning is shared effectively with staff.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

3. To protect from financial harm. The provider should, at a minimum:

- a) Review current finance audit tools to ensure they effectively identify and reduce potential harm.
- b) Ensure staff are aware of, and follow, finance procedures that are in place to reduce the risk of harm
- c) Ensure leaders take appropriate actions when audits highlight areas of concern regarding people's finances.

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

How good is our setting?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

The home was friendly and welcoming. It was clean, tidy and clutter free. The home was described as Clean, Comfortable and Homely. Staff took pride in the service and appreciated that it was peoples' home. The home was well maintained, and an ongoing decoration program was well under way. The management team were continually reviewing the environment. Orientation within the home at times posed a challenge to people, especially in relation to identifying their own bedrooms. The services improvement plan was used to ensure the home continued to enhance and promote a good quality of life for the people who live there.

There was good oversight by the maintenance team. Maintenance and servicing records were in good order. Equipment failures that had a potential impact on people and staff were addressed promptly. The general environment was safe and secure.

People could move freely around each unit in the home. There were several communal areas that people and their families could choose to spend time in, but some of these areas, depending on the unit, including the garden and patios could only be accessed when people were accompanied by staff or relatives. The management team should consider ways to support people to access outside space independently.

Staff encouraged people to bring personal items into the home, which promoted dignity, respect, and a more personalised experience. This created warmth and comfort, helping people feel relaxed due to the familiarity of their surroundings.

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

To improve the safe storage and management of medication, the provider should ensure that effective medication management systems are in place and being adhered to by all staff involved in the management and storage of medications including controlled drugs.

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 area for improvement was made on 11 April 2025.

Action taken since then

This area for improvement was met. See 'How well do we support people's wellbeing?' These practices should continue to be fully embedded into culture and practice to ensure that these improvements are developed and sustained.

Previous area for improvement 2

To ensure people receive the care and support that is right for them and their thoughts and wishes are respected, the provider should ensure accurate recording of all care and support provided by staff, to facilitate effective evaluation.

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

'My personal 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)

This area for improvement was made on 30 November 2023.

Action taken since then

This area for improvement was not met and will be restated. See 'How well do we support people's wellbeing?'

Previous area for improvement 3

To support staff, the provider should ensure regular staff individual one-to-one meetings take place, that focus on staff development, training compliance and support.

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 skills, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

This area for improvement was made on 11 April 2025.

Action taken since then

This area for improvement was met. A one to one tracker in place, using a traffic light system to improve oversight. Group and themed supervisions were taking place on a regular basis with specific focus areas that improved practice and assisted in improving outcomes for people.

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

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