

# Clannalba Care Home Service

Clannalba House  
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Lamington  
Biggar  
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**Type of inspection:**  
Unannounced

**Completed on:**  
23 January 2026

**Service provided by:**  
Scottish Autism

**Service provider number:**  
SP2003000275

**Service no:**  
CS2003001385

## About the service

Clannalba is a small care home based in the rural location of Lamington, near Biggar. The provider is Scottish Autism.

People lived in either one of three self-contained chalets within the grounds or in the main building. The main house has two self-contained flats and four bedrooms with en-suite facilities and is built over two floors. It offers communal and private spaces for people to use including lounge and dining areas and kitchen facilities.

People living at Clannalba have access to a large, secure garden area with a range of equipment to support physical interactions and fun activities. The service also had a sensory room and an indoor activity area.

At the time of the inspection there were nine people living at the home.

## About the inspection

This was an unannounced inspection which took place between 21 and 23 January 2025 between 07:30 and 16:45 hours. Feedback was provided on 23 January 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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:

- Spent time with six people who lived at Clannalba
- Spoke to five relatives
- For people unable to express their views, we observed interactions with staff and how they spent their time
- Spoke with nine staff and management
- Spoke with three professionals
- Observed practice and daily life; and
- Reviewed documents.

## Key messages

- People experienced warm, respectful and attuned support, that promoted emotional wellbeing and strong, trusting relationships.
- The service should improve consistency in medication recording and audit follow up.
- Leadership provided strong oversight with effective quality assurance, though recording and completing incident documentation should be improved.
- Staffing was well coordinated, with skilled, responsive teams working collaboratively to meet people's needs.
- People lived in safe, comfortable and personalised environments, though systems for tracking environmental actions should be improved.
- Personal planning was person centred and regularly reviewed, enabling support that reflected people's wishes, needs and priorities.
- We have made seven new areas for 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.

People experienced warm, respectful and patient interactions from staff. This helped people feel safe, relaxed and emotionally supported. Relatives spoke positively about the quality of relationships and the care provided. They told us "We couldn't do without Clannalba" and "our son has a very happy and fulfilled life living at Clannalba". This reflected strong, trusting relationships and compassionate, responsive support that promoted people's emotional wellbeing.

Staff had a good understanding of people's individual communication styles, preferences and routines. They used calm approaches, clear communication and visual tools that supported people to feel secure. Meaningful activities were planned around individual interests, and people benefitted from family contact supported through visual planners and social stories. These approaches helped people stay connected, maintain meaningful relationships, and exercise choice and control in their daily lives.

The registered manager had an overview of monitoring people's health needs. Daily handovers and management meetings monitored diet, physical health, and bowel management to maintain people's wellbeing. People received regular input from different professionals who reported proactive engagement from the team and valued their communication. While overall, health monitoring was strong, there were gaps in daily documentation. For example, bowel monitoring and restrictive practice logs, which occasionally reduced clarity around escalation decisions. This sometimes made it unclear when further action was needed. Strengthening consistency in recording, would further enhance oversight of people's health needs. (see area for improvement 1)

Mealtimes were generally calm, person centred and structured. People supported in their own spaces in ways that upheld dignity, routine and sensory comfort. Staff used visual menus, clear communication and adapted dietary plans to meet individual needs. People and relatives reported having choice and quality of meals, with snacks easily accessible throughout points in the day. Feedback was collected from people and relatives, to ensure this was reflective of people's choices. However, there were gaps in recording in kitchen checks including temperatures for food and equipment. This meant people could not be fully assured that food safety and kitchen practices were being monitored reliably. (see area for improvement 1)

Medication was managed safely, with systems in place that supported good practice and promoted positive outcomes for people. Although the service had experienced historical medication errors, the manager had responded proactively. This included increasing oversight, strengthening audit processes, and embedding reflective learning with staff. These actions helped ensure that past issues informed ongoing improvement. However, the consistency of medication recording and audit follow up still needed to improve. Inconsistent documentation meant staff did not always have clear, reliable information. This increases the risk of mistakes and reduced assurance that people consistently received safe and well governed medication support. (see area for improvement 2)

### Areas for improvement

1. The service should improve the consistency, accuracy and completeness of key daily records, including but not limited to bowel monitoring, restrictive practice logs, and kitchen daily checks.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My care and support meets my needs and is right for me". (HSCS 1.19) and "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)

2. The service should strengthen the consistency of medication recording and audit follow up. Ensuring that all actions from audits are clearly documented and completed will enhance oversight and reduce the risk of issues re emerging.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My care and support meets my needs and is right for me". (HSCS 1.19) and "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)

### 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 registered manager was visible, approachable and well established, promoting a culture of safety and continuous reflection. They maintained regular presence across the service, carrying out walkarounds, checks and reviews that supported clear oversight of practice. Daily monitoring of incidents, staffing, medication and safeguarding ensured issues were identified early and acted on promptly. Staff described their manager as supportive and responsive, enabling timely escalation. Overall, these approaches demonstrated important strengths that supported positive outcomes for people.

Quality assurance processes were wide ranging and contributed positively to improvement. Routine audits were in place for medication, incidents and accidents, restrictive practice. Additional meetings were in place for the management team which highlighted themes. This included as medication errors, delays in safeguarding updates and documentation gaps, demonstrating reflective learning in practice. Some audits, such as medication and environmental checks, would have benefited from clearer confirmation that actions were fully completed, as incomplete follow through sometimes allowed issues to re appear. However, the registered manager had begun strengthening action tracking, to ensure progress was recorded more consistently. This ensures people benefit from safer, better-managed care, with improvements directly supporting their wellbeing and reducing avoidable risks.

Accident and incident analysis was used well to understand trends and drive improvement. Analysis enabled staff to recognise repeated medication errors and periods with increased behaviour related incidents. In response, the service had introduced enhanced medication audits, reflective sessions with staff and development days. While incident and protection concerns were reported to appropriate bodies, some historical entries lacked final confirmatory updates. This meant people could not always be fully assured that emerging risks were clearly tracked and acted upon, which could delay timely and well coordinated support. This limited the service's ability to evidence timely follow up and provide clear updates to the Care Inspectorate (see areas for improvement 1).

The registered manager maintained a live improvement plan and had completed self-evaluation.

We discussed ways to strengthen these by including measurable timelines, themes identified from audits, and feedback from residents, relatives and staff. This ensures the service is both proactive and responsive, fostering ongoing improvement.

Feedback was gathered from people, relatives and professionals to support improvement and transparency. Survey responses were positive. People and relatives highlighted safety, dignity and compassionate, knowledgeable staff. They also praised the clean, comfortable environment and strong relationships with staff.

Staff described their manager as supportive and spoke about high morale and effective teamwork. The feedback reflected a positive culture, high standards of care and strong leadership.

## Areas for improvement

1. The service should strengthen the recording and completion of incident and protection concern documentation. This will improve accountability, transparency, and the accuracy of safeguarding records.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I experience high quality care and support based on relevant evidence, guidance and best practice". (HSCS 4.11) and "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 demonstrated strong collaborative working, contributing positively to a supportive team culture. Staff consistently helped one another during busy periods, and cooperation across roles, including day staff, night staff, kitchen and domestic teams. Leadership was accessible and responsive, with staff repeatedly reporting that managers listened, offered guidance promptly, and created an atmosphere of trust.

Staffing arrangements were safe, stable, and generally well planned to meet assessed needs. Despite rural recruitment challenges, staffing levels stayed stable and rotas ensured safe, organised care delivery. Each individual was supported by a core team who had a strong understanding of their day to day needs and preferences. Staff demonstrated awareness of people's sensory responses, communication preferences and indicators of emotional wellbeing. This supported staff to provide appropriate, personalised care and helped people achieve positive outcomes, through consistent and attuned support.

Recruitment processes were safe, well structured and aligned with safer recruitment best practice. Positive developments had been introduced, including involving people in recruitment processes. We explored approaches to enhance induction processes, and the management team promptly implemented plans to address these improvements. This ensures new staff are better supported to deliver personalised care that reflects people's goals, preferences and needs.

Staff had a clear understanding of their roles and responsibilities, including safeguarding, communication needs and people's daily routines. New staff were supported through structured shadowing with experienced colleagues, helping them build confidence and contribute effectively to the team. Learning and development were well organised, with training compliance monitored through a matrix that provided the

manager with oversight. A small number of areas, such as epilepsy and medication administration, required some improvement.

However, these had already been identified and were being progressed as part of ongoing improvement work. We discussed the importance of keeping these up to date to ensure people are trained appropriately. This ensures staff remain fully competent and people continue to receive safe, high quality care. (see area for improvement 1)

Team meetings took place, however, lacked they regularity, structure, and consistent staff attendance to support effective communication. The management team recognised this and had begun strengthening the structure, recording and oversight of meetings. This included introducing more regular core team meetings. Enhancing meeting consistency and action tracking improves communication, learning, and ensures agreed improvements are reliably implemented. (see area for improvement 2)

Staff morale was positive, supported by strong peer relationships, reflective opportunities and wellbeing initiatives. Staff spoke positively about wellbeing supports such as regular supervision and arranging "cuisine nights" where staff cook for colleagues, people and families. Staff consistently reported feeling well supported and confident that they could raise concerns and be listened to. People benefit from a stable, motivated team who provide confident, attuned support that promotes positive outcomes.

## Areas for improvement

1. The service should strengthen compliance with key training requirements, particularly in relation to epilepsy and medication administration. Ensuring that all staff complete and maintain up to date training in these core areas, will support safe practice, reinforce staff confidence, and reduce the risk of avoidable errors. This will also enhance the service's ability to demonstrate consistent competence in medication support.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My care and support meets my needs and is right for me". (HSCS 1.19) and "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)

## 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.

The environment was comfortable, personalised and adapted to meet sensory and communication needs. Each person had their own living space with an en suite wet floor bathroom, and one person had a bath installed to reflect their personal preference. Bedrooms were decorated to reflect what mattered most to each person, including specific colour schemes and reduced furnishings where this supported regulation or clinical guidance. Shared spaces such as the sensory room and play barn were well used and meaningful for people. These personalised environments helped people feel relaxed, secure and in control of their space, enhancing comfort and wellbeing.

Standards of cleanliness were high throughout the service. Domestic staff completed regular cleaning checklists, and infection prevention and control practices were well embedded. Staff had good access to PPE, and infection prevention control was monitored closely, with clear expectations for completion.

Effective cleanliness and infection control practices helped protect people's health and dignity within a clean and comfortable environment.

The service demonstrated strong compliance with key environmental safety requirements.

Weekly health and safety checks were consistently completed, supported by clear oversight from the maintenance lead and management team. However, while environmental audits identified repairs and updates, they did not consistently include actions, timescales or review notes. Issues such as worn carpets, were noted but not always tracked through to completion. Stronger follow through will help ensure a consistently safe, comfortable and well maintained living environment. (see area for improvement 1)

The environmental plan outlined ongoing work to maintain and improve the setting. Some repairs had been completed within expected timescales. However, several key refurbishment areas, such as bedroom improvements, soft furnishings and carpet replacements, were not consistently recorded or tracked. We recommended recording actions with SMART (Specific, Measurable, Achievable, Relevant and Time bound) actions, which would improve structure and accountability. (see area for improvement 2)

Feedback from people and relatives was also not systematically incorporated. We discussed ensuring that feedback from people and families is routinely gathered and incorporated into environmental improvements. This will further enhance the relevance and transparency of the plan. A more robust and coherent approach will help ensure that environmental improvements are delivered promptly, consistently and in ways that reflect what matters most to people. (see area for improvement 2)

The service benefitted from extensive outdoor space. This included access to a trampoline, swings, garden areas and a conservatory. People could choose where they spent their time, moving freely between their own chalets, shared outdoor spaces and indoor activity areas such as the play barn. These options promoted engagement, activity and enjoyment. Access to varied and meaningful spaces enhanced people's quality of life, choice and independence.

## Areas for improvement

1. The service should strengthen the recording, tracking and completion of actions identified through environmental audits. Repairs and environmental issues should include clear actions, timescales and review notes, to ensure they are followed through to completion. Improving the consistency and structure of audit follow up will support a safer, more comfortable and well maintained living environment.

This is to ensure care and support are consistent with the Health and Social Care Standards (HSCS), which state: "I experience high quality care and support based on relevant evidence, guidance and best practice". (HSCS 4.11) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

2. The service should strengthen the consistency, accuracy and tracking of environmental improvement actions. This includes ensuring that key refurbishments — such as bedroom upgrades, soft furnishings and carpet replacements — are recorded using SMART (Specific, Measurable, Achievable, Relevant and Time bound) criteria and supported by a clear tracking system. In addition, feedback from people and families should be routinely gathered and incorporated into environmental planning, to enhance relevance, transparency and accountability.

This is to ensure care and support are consistent with the Health and Social Care Standards (HSCS), which state: "I experience high quality care and support based on relevant evidence, guidance and best practice". (HSCS 4.11) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

## 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.

Personal plans were generally detailed and person centred, and reflected what mattered to each person. Six monthly reviews were up to date and included strong involvement from relatives and relevant professionals. These meetings captured progress, changing needs and new goals, which meant planning remained active and responsive. Some people attended their own reviews with support where they could, showing inclusion and growing confidence. This level of involvement helped ensure plans reflected each person's wishes, preferences and priorities.

Personal plans contained rich information and supported meaningful involvement. "About Me" sections, life-skills details, and wellbeing plans offered clear guidance for staff, ensuring effective, person-centred support. Staff used communication tools like visual planners and social stories, ensuring people could contribute to their own care and decision making. This enhanced people's understanding, choice, and autonomy, reducing anxiety and fostering confidence and independence.

The quality of personal plans was generally strong and reflected people's needs, though some aspects needed further refinement. A few plans contained outdated sections or inactive documents, which sometimes made guidance less clear for staff. These variations did not significantly affect people's experiences but highlighted opportunities to improve consistency and accuracy. The provider had begun streamlining the online system to reduce duplication and improve accessibility. The registered manager had also introduced updated audits, clearer checklists and additional staff training. Personal plans demonstrated important strengths, with ongoing improvements enhancing reliability and consistency.

Risk assessments promoted people's independence and dignity. These focused on enabling rather than restricting people. There were support plans in place which included people's triggers, personalised calming strategies and clear guidance for staff. This helped maintain emotional wellbeing and reduced distress. This ensured that people felt valued and supported, which promoted independence, confidence, and emotional wellbeing.

Personal plans showed good evidence of multi disciplinary input. Guidance from speech and language therapy, and other professionals shaped strategies within plans. This involvement also led to environmental adjustments, sensory approaches and monitoring such as bowel health guidance. These additions strengthened the accuracy of support planning and ensured staff followed clinically informed strategies.

The registered manager had oversight of people's capacity status and appropriate legal documentation was in place where needed. This ensures people's rights are respected and that staff are equipped to provide suitable support.

## 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

The provider should formally evaluate the staff development processes being implemented.

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

**This area for improvement was made on 25 March 2025.**

#### Action taken since then

There was clear evidence of structured learning, practice observations and reflective discussions had now been embedded. Staff had participated in targeted development days, received feedback from their Practice Team, and demonstrated improved confidence and consistency in supporting people. Audits, supervision records and competency checks show that training needs had been identified and followed up, and staff reported feeling well supported and clear about expectations. Opportunities to work towards becoming an Advanced Practitioner were in place. Overall, a coordinated and sustained approach to staff development had been established, resulting in improved practice and better outcomes for people.

This area for improvement has been met.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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 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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