Ashgrove Care Home
Care Home Service

229 Alexandra Parade
Kirn
Dunoon
PA23 8HD

Telephone: 01369 700 640

Type of inspection:
Unannounced

Completed on:
15 December 2025

Service provided by:
McKenzie Care Ltd

Service provider number:
SP2012011987

Service no:
CS2012313839

About the service

Ashgrove is a modern purpose-built three storey home. It has 65 single en-suite bedrooms with a range of communal dining and shared living spaces. There is a safe courtyard style garden and access to a minibus for outings.

The home is located in Kirn, Dunoon and is registered to provide residential and nursing care to older people and people with dementia.

At the time of the inspection there was 59 people living in the service. The registered manager was supported by a depute and a team of nurses, senior carers, carers and activity staff.

About the inspection

This was an unannounced inspection which took place at the service on 04, 05 and 06 December and remotely on 08 and 12 December 2025, between the hours of 09:00 and 22:15. 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 15 people using the service and 9 of their relatives
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents
- had contact with visiting professionals

Key messages

- People experienced warm, compassionate care from a consistent staff team, which supported trusting relationships and positive emotional wellbeing.
- Staffing arrangements were well planned, with strong teamwork, good skill mix and high training uptake, contributing to safe and confident care.
- The environment was clean, safe and welcoming, with clear plans for further improvements, though some areas require refurbishment and clearer timescales.
- Quality assurance systems were developing but not yet consistently effective, with audits and improvement actions not always followed through or evaluated for impact.
- Care planning was improving but remained inconsistent, with good person centred examples alongside older plans and daily notes that did not always evidence planned care being delivered.
- Oversight of medication and health monitoring required strengthening, to give confidence that peoples health and wellbeing needs were continually being met.

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?	3 - Adequate
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
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? 4 - Good

We evaluated this key question as good, where several strengths had a positive impact on outcomes for people and clearly outweighed the areas for improvement. The strengths directly enhanced people's daily experiences, sense of security and overall wellbeing.

People should experience stability in their care and support from people who know their needs, choices and wishes. People received warm, compassionate support from a consistent staff team, which helped them feel secure and build trusting relationships. One person told us, "At first I was worried about staff changing my continence aids and washing me when my needs changed, but they are so relaxed about this it really helped me". This consistency meant people felt safe and respected which reduced anxiety and promoted emotional wellbeing.

Staff responded calmly and effectively when people were distressed, helping people feel understood and reassured.

People's health needs were well supported. Staff used their knowledge of individuals to identify changes quickly and made timely referrals to other professionals. Relatives told us they were kept informed about changes in their loved ones health and wellbeing, and records supported this. A relative shared, "They pick up quickly on his needs and when there are changes, they are very attentive and always keep me informed." Professionals described the service as responsive, though some noted that information was not always shared consistently across staff teams. This meant people generally received the right help at the right time, although inconsistent communication created a risk that important information could be missed.

Where food, fluid and bowel monitoring had been assessed as required, recording was inconsistent and gaps were not identified through routine oversight. Although there was no evidence of poor outcomes, the lack of reliable recording reduced confidence in the monitoring systems. Without consistent oversight, there was a risk that early signs of deterioration could be missed, limiting the service's ability to intervene promptly.

(Please see area for improvement one).

There was a system in place to support safe medication administration, but this required strengthening. A small number of people experienced delays in receiving prescribed medication, which had not been escalated internally. Minor discrepancies in medication counts were not always identified, and some "as required" protocols lacked clarity. The management team responded quickly to concerns raised during the inspection.

(Please see area for improvement two).

People should be able to enjoy their meals in a relaxed and unhurried atmosphere. People spoke positively about the quality and choice of food. One person said, "I am vegetarian and always have a choice of meals, I bring my own in sometimes and the chef is happy to prepare this too - the food is very good". Some mealtimes were well organised and sociable, creating a pleasant experience, while others were missed opportunities for meaningful interaction. Pictorial menus were being introduced, and people were able to order meals independently from the servery. This supported choice and independence, though inconsistent mealtime practice meant not everyone benefitted equally from positive social experiences.

There was a range of organised activities, including sessions led by activity staff, visiting entertainers, fitness sessions and community connections. While some people enjoyed these opportunities, not everyone benefitted. Activity care plans were detailed but not consistently used to plan or evaluate the programme. Feedback from people and relatives indicated that more stimulation and meaningful engagement would be beneficial. This meant some people experienced long periods without purposeful activity, which can affect mood, wellbeing and overall quality of life.

(Please see area for improvement three).

Financial systems were robust and ensured people's money was safely managed. However, clearer processes were needed when people's circumstances changed and they no longer required the same level of funds to be held by the service. This would help ensure people's finances are managed proportionately and in line with their current needs.

Areas for improvement

1.

To keep people safe and promote their health and wellbeing, the provider should ensure recording in relation to health and wellbeing is consistent across the service. This should include but not be restricted to monitoring charts being fully completed and detailing why monitoring is in place, review dates, thresholds of when actions are required and evidence of action taken when needed.

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

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

2.

To keep people safe, the provider should ensure that medication is administered safely and effectively in line with prescribers instructions and best practice guidance. This should include ensuring staff understanding their responsibilities in relation to medication administration and actions required in the event of an error being discovered. Detailed protocols should be in place to guide staff in the use of medication prescribed "as required".

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)

3.

The provider should continue to enhance the provision of activities throughout the home to ensure these are designed around people's choices and preferences aimed to support better outcomes. This should include but not be limited to:

a) Regular planned activities linked to individuals' preferences that provide stimulation and meaningful engagement.

b) Creating opportunities for people to have access to meaningful activities.

c) Improved availability of one-to-one support where people are unable or do not wish to be involved in group activities.

d) Developing methods to evaluate activities that have been facilitated to inform future plans.

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

"I can maintain and develop my interests, activities and what matters to me in the way that I like." (HSCS 2.22)

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had an improvement plan in place, with several environmental actions completed, demonstrating a commitment to development. However, some actions had not been updated or reviewed, making it difficult to track progress. A number of environmental improvements had been agreed with the provider, clearer completion timescales would strengthen oversight so that progress can be monitored and delays avoided.

People should be supported by a service that is well led and managed. The management team had good oversight of people's clinical needs. Tools such as clinical needs overviews, weight monitoring and legal status records supported early identification of changes and ensured appropriate follow up, including work with GPs' on treatment plans. Monthly monitoring tools, such as falls and pressure wound safety crosses, linked well with accident and incident records. This gave the management team insight into emerging risks, which were then generally recognised and responded to, helping prevent deterioration in people's health.

The service was transitioning to a new quality assurance system, and we recognise that embedding this will take time. A range of audits were being completed, and we saw examples where actions had been identified and taken forward. However, audits were not consistently identifying or addressing key issues highlighted under key question one, particularly in relation to medication and monitoring charts. In some cases, actions were signed off without evidence that improvements had been achieved. This reduced confidence that audit processes were driving sustained improvement or preventing issues from recurring.

(Please see requirement one).

A full care plan audit had been completed with clear actions, and we saw improvements in several plans sampled. However, it was not always clear whether all actions had been completed or rechecked before being signed off. This created a risk that care plans may not fully reflect people's current needs, which could affect the consistency of care.

Daily walk round audits clearly set out what should be checked and when. To support ongoing improvement, these would benefit from being more evidence based, with clearer reference to what informed the assessment. Some environmental issues, such as undated food and out of date condiments in serveries, were not being consistently identified. We acknowledge that confusion about responsibilities contributed to this and has now been addressed. Inconsistent identification of basic environmental issues meant people were not always benefitting from the highest standards of cleanliness and organisation.

The manager demonstrated an active oversight across key areas, including recruitment, the environment and out of hours checks. There were foundations of an effective quality assurance framework, however, several processes require further development to ensure they consistently lead to improved outcomes for people.

(Please see area for improvement one).

Requirements

1.

By 27 April 2026, the provider must ensure that systems for the oversight of medication recording and administration and health and wellbeing monitoring are effective, reliable, and lead to improved outcomes for people.

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 states that:

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

Areas for improvement

1.

To continue the improvement journey, the provider should ensure that quality assurance is well led and leads to people experiencing consistently good outcomes. This should include action plans clearly identifying improvements necessary and continually evaluating the impact of developments.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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? 5 - Very Good

We found significant strengths in how care was provided and how this supported positive outcomes for people. We therefore evaluated this key question as very good.

People's needs should be met by the right number of staff. Staffing levels were well planned and consistently aligned with people's assessed needs. The manager used dependency information, skills mix, staff feedback and external appointments to determine staffing levels. Planned staffing was above assessed need. Staff valued the additional worker from 7pm to midnight, which helped them respond more effectively. This meant people received timely support from staff who were available, unhurried and able to meet their needs safely.

The manager paid close attention to skill mix within each unit, reviewing this during walk rounds and when planning the rota. This ensured a balanced team across the week and contributed to safe, confident practice. Staff described strong relationships and effective teamwork, which supported a positive and collaborative culture. As a result, people benefitted from consistent, coordinated care delivered by staff who supported each other well.

People can expect to have confidence in staff because they are trained, competent and skilled. New staff benefited from a structured induction with clear information and opportunities for reflection. Training expectations were well defined, uptake was high, and all staff had completed dementia and stress and distress training. This meant people were supported by staff who understood their needs and could respond with compassion and insight.

Practice observations were in place for medication, infection prevention and control, and dysphagia. These helped ensure staff competence, although some paperwork could be clearer about whether practice had been directly observed or assessed through discussion. Clearer documentation would strengthen assurance that staff skills are consistently and accurately assessed.

Regular one to one supervision was taking place. While this provided routine support, there is an opportunity to strengthen the reflective element so that it better captures learning, insight and professional development. Enhancing reflective practice would help staff continually improve and further enhance the quality of care people experience.

How good is our setting? 4 - Good

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

The housekeeping team worked hard to maintain a clean, infection free environment, despite some areas requiring refurbishment. Staff told us that replacing carpets with hard flooring had improved the effectiveness of cleaning. Plans were in place to upgrade key areas, such as the serveries, in early 2026. This meant people benefited from a hygienic environment that supported their health and comfort, even while longer term improvements were underway.

People could access an appropriate mix of private and communal areas, including outdoor space. Communal lounges, including smaller sitting rooms, were well used. Relatives described these areas as homely and comfortable, which supported positive visiting experiences. A relative shared with us "We often use this lounge when visiting x, to have a fish supper. We really appreciate having the opportunity to have Christmas dinner, here in Ashgrove with x, it is really important to us as a family". This helped people maintain relationships and enjoy social connection in welcoming spaces.

A dementia audit had been completed with positive outcomes overall. Some actions, such as reviewing signage to support wayfinding, would benefit from being revisited. Ensuring these adjustments remain up to date will help people living with cognitive impairment move around more confidently and independently.

The layout of some lounges, where seating was arranged in rows facing the television, did not always promote social interaction. Re evaluating this would help create spaces that better support communication and connection. Visiting professionals had also noted this. Improving the layout would enhance opportunities for engagement, reducing the risk of social isolation.

There was a clear overview of servicing and maintenance, including frequency, last completion dates and upcoming requirements. All checks sampled had been completed as expected. A water temperature issue affecting three rooms had been identified and addressed promptly. This demonstrated effective maintenance systems that kept people safe and ensured the environment remained well maintained.

How well is our care and support planned? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People can expect to develop and review their personal plan, which was always available to them. The management team had introduced a "resident of the day" system. This prompted senior staff to review all aspects of each person's care, including plans, legal documentation, review dates and weight monitoring. This helped identify where updates were needed and ensured emerging issues were recognised. However, follow up was inconsistent, meaning some actions were not completed or checked, which reduced the overall effectiveness of the process and risked delays in updating people's plans.

Preparatory work was underway ahead of moving all care plans onto a new electronic system from April 2026. Staff shared that they felt more confident updating personal plans following recent training. Several plans had improved and included strengths based information that reflected who people were and what mattered to them. This supported more personalised care, although variability in quality and handwritten amendments in older plans made it harder to be confident that all information was current across all plans.

(Please see area for improvement one).

Anticipatory care plans were present in each person's folder, though several had not been completed due to families wishing to defer. It may be helpful to consider if it would be beneficial to sensitively re-engage with families to support understanding of the value of anticipatory planning in promoting people's wishes.

Daily notes did not consistently demonstrate that care was being delivered in line with assessed needs. Entries were often general and lacked detail, making it difficult to see how care plans were being implemented in practice.

Risk assessments were in place and updated regularly. For some measures, such as call mats, it would be helpful to clearly record the rationale and evidence supporting their continued use. This would ensure decisions remain proportionate, person centred and regularly reviewed.

All people supported had received a review within the past six months, or had one scheduled imminently. These involved people and their loved ones where they wished to participate. This supported shared decision making and ongoing involvement of those closest to people.

Areas for improvement

1.

The provider should continue to improve the quality and consistency of care plans to ensure they are fully person centred, up to date, and clearly reflect people's needs, wishes and strengths. Care plans should be reviewed regularly, with actions followed through and daily records demonstrating that planned support is being delivered.

This supports the principles of the Health and Social Care Standards (HSCS):

"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)

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

Requirements

Requirement 1

By 29 July 2025, the provider must ensure that effective quality assurance processes are in place to ensure people experience consistently good outcomes. This should include at a minimum:

a) The registered manager having complete oversight of the service and ongoing key activities including recruitment and environment.

b) The management team having clear oversight of people's health and wellbeing needs and actions required to promote and improve people's health and wellbeing.

c) The registered manager ensuring audits are effective in improving outcomes for people. Quality audits and action plans should be accurate, up-to-date and lead to the necessary action to achieve improvements without delay.

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 states 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 28 March 2025.

Action taken on previous requirement

Progress had been made developing systems to support oversight and improvement. An improvement plan was in place, with actions identified and some tracked to their conclusion. Clinical overview tools gave management a clear understanding of peoples' health and wellbeing.

A recruitment overview was in place for all new recruits, checking all safer recruitment checks had been undertaken. There was a clear process for renewing applications for sponsored staff, which ensured all checks had been carried out appropriately.

Audits were being carried out across a wide range of areas, with actions noted and a selection being signed off. For some however we were not able to see evidence of impact, before actions were detailed as

completed. A number of recent issues, particularly in relation to medication recording had not been identified and addressed.

Daily walk rounds were being carried out over the course of the week and addressing areas for improvement as well as good practice. We identified there had been some confusion regarding who was completing checks within servery areas, which meant these had been missed, however this has now been rectified.

Care plan audits were being completed with full actions being identified and passed onto relevant staff to update. We were not always able to see that these improvement actions had been carried out.

Complaints were logged with clear records of actions and outcomes.

Overall, there was foundations of effective quality assurance. Progress had been made with the manager demonstrating an active oversight of most areas across the service, which included out of hours checks. However there were key areas where this should be further developed.

We will create an area for improvement to ensure that audits and improvement plans are consistently evidence based, reviewed, and lead to demonstrable improvements in outcomes for people.

Met - within timescales

Requirement 2

By 29 July 2025, the provider should ensure care plans are up to date and detail accurate information, to ensure that people receive the right support at the right time. This should include at a minimum:-

a. each person receiving care has a detailed personal plan which reflects a person centred and outcome focused approach

b. they contain accurate and up-to-date information which directs staff on how to meet people's care and support needs

c. they contain accurate and up to date risk assessments, which direct staff on current/ potential risks and risk management strategies to minimise risks identified

d. they are regularly reviewed and updated with involvement from relatives and relevant others.

This is to comply with Regulation 5(2)(b) (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 states 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)

This requirement was made on 28 March 2025.

Action taken on previous requirement

Staff confidence had improved following training on effective care planning.

Care plans were being updated to reflect peoples current needs and wishes. There were good examples of person centred, strengths based information being captured in some care plans. This is an ongoing development, continuing to update and improve all residents care plans.

The implementation of resident of the day, where key information was being reviewed and updated was supporting this.

Anticipatory care plans were often incomplete. Whilst we appreciate that some families may not wish to engage in these discussions, it maybe helpful to work alongside people to develop their understanding of the importance of these being completed.

Risk assessments were being updated regularly. It would be helpful for updates to include evidence based information outlining why the decision has been made that the assessment continues to meet peoples needs.

Daily notes were generally very sparse, and did not always give clear information regarding support being provided. This made it difficult to see if care plans were being followed.

All residents had a review within past six months, or have this planned imminently. We heard from families that they have been included in these if they wished to be.

The service was progressing towards implementation of an electronic care planning system, which should support consistency and quality. Ongoing development is required to ensure care plans consistently reflect people's needs and wishes and are used meaningfully in practice.

Whilst this requirement will be met, we will create an area for improvement in relation to the ongoing development and care plans and effective recording.

Met - within timescales

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 keep people safe and promote their health and wellbeing, the provider should ensure recording in relation to health and wellbeing is consistent across the service. This should include but not be restricted to monitoring charts being fully completed and detailing why monitoring is in place, review dates, thresholds of when actions are required and evidence of action taken when needed.

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

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

This area for improvement was made on 28 March 2025.

Action taken since then

A range of charts were in use across the service, to monitor aspects of peoples health and wellbeing. These were however not always used to good effect.

In relation to fluid monitoring, each person had a target set and reason for the chart being implemented. Recording was not always consistent with fluids being offered and drank.

Food monitoring, where it was assessed as being required was being recorded, it was not clear what the oversight of these records was and how the information was being utilised.

With regards to bowel movements, whilst staff were able to share information regarding this, the records were not always completed. This made it difficult to track and ensure peoples health and wellbeing.

The gaps in recording did not appear to be being picked up.

This area for improvement has not been met.

Previous area for improvement 2

The provider should improve the mealtime experience for people. This should include but not be limited to ensuring that people are enabled to make informed decisions regarding their meal choices. Accurate menus should be available prior to meals being served, in a format people can understand.

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

state that:

"I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSC 1.33)

This area for improvement was made on 28 March 2025.

Action taken since then

Progress had been made in relation to mealtime experiences. People with textured diets and vegetarians were offered meaningful choice. Nutrition passports were shared with the kitchen.

We observed positive examples of independence and pleasant mealtime interactions, although for some there was missed opportunities for meaningful connections.

Pictorial menus had been developed and were currently being embedded meaningfully across the service. For these to be effective, staff need to recognise the importance of them in giving people informed choices at mealtimes, particularly for people supported in their bedrooms.

This area for improvement has been met, with ongoing developments linked to the quality assurance processes.

Previous area for improvement 3

To keep people safe, the provider should ensure that medication is administered safely and effectively in line with prescribers instructions and best practice guidance. This should include ensuring staff understanding their responsibilities in relation to medication administration and actions required in the event of an error being discovered. Detailed protocols should be in place to guide staff in the use of medication prescribed "as required".

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)

This area for improvement was made on 28 March 2025.

Action taken since then

Systems were in place to support the safe administration of medication. However there were a small number of people where there were issues regarding the supply of some of their medicine. Senior staff had identified this and had attempted to source it, but had not escalated internally.

There were a few issues with the medication counts from the start of the current cycle, which had not been identified by staff administering the medication.

Some as required protocols had been updated, detailing clear information on when medication should be

given, other strategies to be used and when to escalate. For others there was no clear information regarding when medication should be given which may cause confusion.

This area for improvement is not met.

Previous area for improvement 4

The provider should continue to enhance the provision of activities throughout the home to ensure these are designed around people's choices and preferences aimed to support better outcomes. This should include but not be limited to:

a) Regular planned activities linked to individuals' preferences that provide stimulation and meaningful engagement.

b) Creating opportunities for people to have access to meaningful activities.

c) Improved availability of one-to-one support where people are unable or do not wish to be involved in group activities.

d) Developing methods to evaluate activities that have been facilitated to inform future plans.

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

"I can maintain and develop my interests, activities and what matters to me in the way that I like." (HSCS 2.22)

This area for improvement was made on 28 March 2025.

Action taken since then

There was a descriptive activity care plan in place for each person supported. However, these were not consistently informing the activities calendar.

Whilst there were positive examples of individual engagement, generally we were not able to see the impact of these interactions recorded. People and their families shared that they felt more meaningful and stimulating activities would be beneficial.

For people to benefit from activities offered, the should be stimulating, engaging and be meaningfully evaluated for impact.

The area for improvement is not met.

Previous area for improvement 5

The provider should develop and agree a SMART (smart, measurable, achievable, relevant and timebound) comprehensive environmental improvement plan. This should address the required areas of improvement, including appropriate timescales for completion and regular measurements of progress.

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

"My environment is secure and safe". (HSC 5.17)

This area for improvement was made on 28 March 2025.

Action taken since then

An environmental improvement plan had been devised and updated regularly.

A number of environmental improvements had been identified across the home, which the Provider had agreed to take forward. We could see a number of areas where actions had been identified and taken.

It would be beneficial to have explicit agreed completion dates, particularly for the larger improvement projects, so it is clear what is being attended to in the short, medium and long term.

This area for improvement is met.

Previous area for improvement 6

The provider should ensure that people receive the right information at the right time, should they or their representative(s) raise or express any concerns or dissatisfaction with the service. This should include but is not limited to, staff recording the nature of the complaint received and following the provider's complaints policy and procedure.

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

"If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me". (HSCS 4.21)

This area for improvement was made on 20 October 2025.

Action taken since then

The complaints policy had been updated July 2025.

A small number of concerns had been raised over the past few months. There was clear communication with peoples relatives acknowledging their concern, detailing what will be done to address these and then the outcome.

The resolution was documented, detailing the agreed improvement actions taken. It would be helpful to see these feed into the improvement plan where appropriate.

This area for improvement is met.

Previous area for improvement 7

The provider should ensure that people, or their representatives, receive the right information at the right time if there are changes to the person's health and wellbeing.

This should include, but is not limited to, staff being open and transparent in their timely communication with people receiving care, or their representatives. Staff should also timeously and accurately record their communication with a person's representative.

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

"If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account". (HSCS 2.12)

This area for improvement was made on 20 October 2025.

Action taken since then

Where there were concerns regarding peoples health and wellbeing, this was identified timeously, with appropriate actions taken.

Relatives shared that overall communication in relation to their loved ones health and wellbeing was good and that they were informed when there was any changes. This was confirmed with information recorded in peoples notes.

This area for improvement is met.

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
1.1 People experience compassion, dignity and respect	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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