

# Edenholme Care Home Service

Edenholme Crescent  
Stonehaven  
AB39 2FT

Telephone: 01569 690 560

**Type of inspection:**  
Unannounced

**Completed on:**  
9 February 2026

**Service provided by:**  
Aberdeenshire Council

**Service provider number:**  
SP2003000029

**Service no:**  
CS2003000305

## About the service

Edenholme is situated in a quiet residential area of Stonehaven and is registered to provide care to a maximum of 60 older people, including a maximum of eight adults under the age of 65. At the time of the inspection there were 44 people living at Edenholme.

The home is set in attractive, accessible gardens which are well utilised. Accommodation is provided across two floors, with each of the five individual units having its own living and dining areas. The home benefits from a large, central communal space which is utilised daily for coffee mornings and events. A number of smaller spaces are available throughout the home.

## About the inspection

This was an unannounced inspection which took place on 4 February 2026 between 9:30 and 14:30. A further visit took place on 9 February 2026 between 9:30 and 15:30. 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 14 people using the service and five relatives or friends who were visiting the service
- spoke with 15 staff and management
- received 49 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 worked hard to meet people's needs, supported by an a new manager.
- There was very good communication with families, and documentation generally supported good care, although inconsistencies remained.
- People felt safe, settled, and well cared for, with staff described as warm, attentive, and approachable.
- Meaningful activity provision was inconsistent, with some people left disengaged for long periods, highlighting the need for a stronger whole team approach.
- Issues were found in stress and distress documentation, understanding of legal frameworks around restrictions, and oversight of staffing and training, creating risks of inconsistent

**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. There were a number of important strengths which taken together clearly outweigh areas for improvement.

We received very positive feedback about the service and carers. Relatives said people at Edenholme felt safe, settled, and well cared for, giving families reassurance. Staff were repeatedly praised for being warm, attentive, and approachable. People reported being happy with the care, and describing staff as caring, patient, and considerate.

There were many kind, genuine interactions seen between staff and people. Staff took time to explain, support, and reassure people, which helped people feel supported and reassured. The activity and events planner organised by the activities coordinator was displayed and events were available to all to attend if they wished. People and relatives spoke highly of the events organised, particularly the summer and Christmas fairs, which enhanced enjoyment and social connection. Some people were supported to spend their days meaningfully, doing things they enjoyed. However, this practice was not consistent. At times staff prioritised tasks over engagement, leaving many people disengaged for long periods, which reduced stimulation and positive daily experiences. With staffing changes planned, the management team needed to strengthen a whole team approach to ensure people consistently experienced meaningful, person-centred days. (see area for improvement 1)

People were supported to maintain pride in their appearance and were well presented. People were supported to bathe or shower on a frequent basis, promoting comfort and wellbeing. Any concerns in relation to personal hygiene and appearance were quickly addressed by the senior team.

A consistent senior team, supported by registered nurses, knew people's health and care needs well, which ensured timely and effective responses to changes in their wellbeing. They built strong working relationships with visiting professionals, whose advice was implemented into people's care. Visiting professionals frequently highlighted staff's compassion, strong leadership, and excellent communication. As a result, people received the healthcare support that was right for them.

Staff demonstrated a good understanding of medication systems, but minor issues with documentation and protocols created a risk of inconsistent support and medication not being administered as prescribed. These concerns were discussed with the manager. The previously identified improvement relating to consistent medication recording had been met. (see 'What the service has done to meet any area for improvement we made at or since the last inspection')

People were very positive about the quality and choice of meals, which they enjoyed in a sociable and pleasant environment. They were regularly able to share their views, with suggestions considered and acted on. Staff monitored and recorded fluid intake where needed, but weaknesses in the oversight of fluid and nutrition charts reduced confidence that concerns would be identified and acted on promptly.

Staff understood how to support people who were stressed or distressed and worked closely with external healthcare professionals to ensure their care was appropriate. However, documentation did not reflect the positive outcomes achieved. Strategies for managing stress and distress were not detailed, current, or evaluated, and staff had limited understanding of restraint and the legal frameworks around restricting freedom, such as door alarms or exclusion. As a result, people were at risk of not receiving support that fully

protected their rights or met their needs. (see area for improvement 2)

There was insufficient oversight of staffing on each floor. Permanent staff were well regarded, but relatives reported that some staff lacked confidence or adequate training. This led to reduced meaningful engagement, inaccuracies in documentation, and support that did not always reflect people's needs, wishes, or best practice. Senior staff, within each unit, needed to be more diligent to ensure a consistent focus on improving daily outcomes for people and ensuring documentation fully supported consistent, high quality care.(see area for improvement 3)

The care planning system was not used effectively, and care plans did not reflect people's experiences or outcomes. Documentation needed to improve to keep pace with changes in people's health and support needs, creating a risk of inconsistent care. The previously identified improvement on documentation was only partly met, and work to strengthen quality remained ongoing. As a result, a new area for improvement was made. (see 'What the service has done to meet any area for improvement we made at or since the last inspection' and area for improvement 4)

### Areas for improvement

1. To support people to get the most out of life, the provider should ensure that:

- a) The meaningful information about people's likes and dislikes is shared with staff in a constructive way that can support people to get the most out of life.
- b) Develop a whole team approach to enhancing people's quality of life.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1:6);

2. To ensure positive outcomes for people who use this service. The provider should ensure all staff have a clear understanding of stress and distress strategies and the legal implications surrounding any restrictions placed on people's rights, risks and limits to freedom.

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

"My care and support meets my needs and is right for me." (HSCS 1.19) and "If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively" (HSCS 1.3)

3. To support people's health and wellbeing, the provider should ensure that there is effective leadership within each unit on each shift to support and deliver consistent standards to people experiencing care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

4. To support people's health and wellbeing, the provider should ensure that the quality of the documentation appropriately meets the needs of people. To do this, the provider should at a minimum:

- a) Ensure all assessments are completed in a timely manner, that is specific to each individual's care needs.

- b) Ensure all changes in people's needs and any actions taken to address concerns are fully recorded.
- c) Ensure care plans are truly evaluated to reflect changes in 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 is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

## 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, and its clean, tidy, clutter free environment promoted people's comfort and wellbeing. Staff took pride in the service and valued that it was people's home. The environment was well maintained and decorated to a high standard, and an improvement plan supported ongoing enhancements to people's quality of life.

There was good oversight by the maintenance team, with clear and well-kept records. Some equipment checks were completed by unit staff, but concerns arose where wheelchair repairs were not addressed promptly. As a result, a faulty wheelchair remained in use, creating an unsafe situation and posing a risk of harm to people. This was immediately raised with the manager, and the wheelchair was removed from the unit. (see area for improvement 1)

People were encouraged to move freely around the home, which helped them maintain independence and comfort. Communal areas were accessible and arranged to promote socialising, giving people and families welcoming spaces to spend time together. One person described the home as being in a wonderful location with great outdoor space and a pleasant, homely atmosphere, suggesting only that people be supported to visit the garden more often when the weather allowed.

## Areas for improvement

1. To ensure people remain safe, the provider should ensure that all faulty or damaged equipment is immediately removed from use and prompt repairs made.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

## 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 manager should ensure that there is a consistent approach to the recording of medication that reflects best practice and provides sufficient detail to inform a robust review of medication. This includes the administration of as required medication and its effect.

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) and 'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

**This area for improvement was made on 3 April 2025.**

#### Action taken since then

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

#### Previous area for improvement 2

The service should ensure that assessment tools are fully completed (including dates and times) to ensure that the correct course of action is identified in relation to peoples' needs.

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 3 April 2025.**

#### Action taken since then

This area for improvement is no longer in place. It has been incorporated into a new area for improvement under How well do we support people's wellbeing?

#### Previous area for improvement 3

To ensure that people benefit from care and support that meets their needs and personal outcomes, the provider should ensure that care and support is reviewed with the person and their family at least every six months, including a record of the discussion and actions taken.

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

**This area for improvement was made on 3 April 2025.**

## Action taken since then

This area for improvement was met. the systems and processes to ensure people's care and support was reviewed at least every 6 months was in place. However, the management need to ensure voice and views of the person, even if not present are clearly documented.

## 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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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