Mowat Court
Care Home Service

Kirkton Road
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Type of inspection:
Unannounced

Completed on:
2 February 2026

Service provided by:
Care UK Care Services Limited

Service provider number:
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About the service

Mowat Court is a care home for older people situated in a residential area in the North East coastal town of Stonehaven. It is close to local transport links, shops, and community services. The service provides nursing and residential care for up to 46 people. There were 45 people living at the service at the time of inspection.

Accommodation is arranged over two floors in single bedrooms with en suite toilet and handwash facilities, each floor has shared showering and bathing facilities. Each wing has access to lounge and dining facilities. There is a small conservatory and an accessible garden which provides a safe outdoor space for people to enjoy.

About the inspection

This was an unannounced inspection which took place on 28 and 29 January 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service, and intelligence gathered.

In making our evaluations of the service we:

- spoke with 20 people using the service and six of their family
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were fully involved in planning their support.
- Staff were good at developing meaningful relationships with people.
- Quality assurance, improvement processes, and record keeping needed to improve.
- The provider needed to make improvements with the environment.

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 a number of important strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People and their representatives told us that they had been fully involved in the assessment of their needs and how their care was planned. Continuous assessment of people's needs ensured that support would increase to reflect changes in their abilities.

Staff knew people well, they were vigilant to changes in their presentation, and quickly recognised when they may be becoming unwell. As a result, people would receive appropriate treatments or support at an early stage, reducing the likelihood of further decline. The service was good at engaging with, and making referrals to, external health professionals when needed.

People looked well, staff had taken time to ensure that people were comfortably dressed and in a way that they would have wanted. Families told us about how much this meant to them and reassured them.

Staff demonstrated what support strategies to apply when people experienced periods of stress and distress. This ensured that such periods were short lived and any negative impact was minimal.

We could not be confident that people received personal care in line with their wishes or best practice. We had concerns about the standard of oral care being provided. We found that some people's toothbrushes did not appear to have been used, some had hardened toothpaste on them, and we found one toothbrush that appeared to have mould on it. Some people's oral care equipment was kept in a way that would increase the likelihood of the formation of bacteria. We highlighted this at the time and leaders took immediate action to rectify the situation.

People were not being supported effectively with hand hygiene. Hot water was not easily accessible for some people as some taps were difficult to operate. Taps had an automatic cut off and the time taken for hot water to flow to the tap meant that effective handwashing was unlikely. We found that there was restricted access to sinks in the communal bathrooms because of the way in which care equipment was being stored and, while we saw that hand wipes were available in dining rooms, staff did not always provide these to people before eating and drinking (see area for improvement 1).

People were receiving the right support to eat and drink. They were offered choices from the menu, however in the enhanced care unit, choices of fluids were not always being offered. People told us that the food was good, that they were able to choose from a variety of healthy options, and that tasty treats were also made available.

People with special dietary requirements, for example vegetarian, textured, or fortified, received their meals as directed. People's weights were tracked and actions taken where concerns were identified.

Falls management was in line with best practice. Staff knew who may be at an increased risk and were vigilant to environmental hazards. Documentation was reviewed and updated regularly. Together, this contributed positively to reducing the risk of falls.

Continence care was managed well. People had access to fluids and staff would prompt and remind them to drink. People who required support to use the bathroom did not have long to wait once they requested assistance and continence aids were available for people who needed them.

Some improvement was needed to ensure that people had equal opportunity to access engagements and activities that were meaningful to them. A variety of planned events and group activities were available and some people received opportunities for one-to-one engagements. However, there appeared to be a disparity in accessibility for those living in the enhanced care part of the service. There was often an expectation that they join group activities being held in other units, however this could only be achieved if there were staff available to accompany them. Carer led activities were wholly dependent on the level of clinical activity across the service resulting in irregular occurrence (see area for improvement 2).

Administration of medication was managed well. Regular quality assurance checks, both internal and external, took place and quickly identified any discrepancies. Where 'as required' medication was administered, staff returned to record the efficacy of this. Where people were no longer able to make decisions about medication, the correct supporting legal documentation was in place.

People's end of life wishes had been discussed. Namaste care was offered to those experiencing advanced dementia and end of life care, providing connection and comfort in a person-centred approach.

Areas for improvement

1. To improve personal outcomes for people, the provider should ensure that people receive personal care as directed in their personal plans, that should include, but is not limited, to oral care and support to achieve good hand hygiene.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met and my wishes and choices respected' (HSCS 1.23).

2. In order to improve wellbeing of people experiencing care, the provider should ensure everyone is provided with regular opportunities to engage in activities and connections that are meaningful to them. This should include people who choose not to engage in group activities or who receive care and support in their rooms.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors' (HSCS 1.25).

How good is our leadership? 4 - Good

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

We received positive feedback from people, their representatives, and staff about leadership. They told us that leaders were visible in the service and where concerns had been raised, they were dealt with quickly and effectively.

Leaders had a good overview of what was happening in the service and for the individuals in their care. They were responsive to issues identified during the inspection and there appeared to be a desire to drive improvement.

The provider had a suite of quality and audit processes which appeared to be being completed regularly, however they had failed to identify or act upon some significant issues detected at inspection. Information from quality activities were not transferred into the improvement plan resulting in a lack of analysis and direction to drive improvement.

The improvement plan was limited and did not cover significant parts of service delivery. Information from other stakeholders, for example from resident, family, and staff meetings, or feedback was not included and people were not aware of the improvements the service was working towards. It is important that other stakeholders are involved in the quality assurance process, this supports the development of a more dynamic improvement plan (see area for improvement 1).

Observations of staff practice to assess competency were taking place and there were opportunities for staff to reflect on their practice to plan future development through professional supervision.

The provider had a robust complaints policy and procedure and people were aware of how to make a complaint. However, most people we spoke with told us that they had never had a concern or where they had it had been minor and been resolved very quickly when they spoke with staff.

Areas for improvement

1. To promote people's confidence in the service, the provider should ensure that quality assurance processes are embedded and are effective in identifying and promoting outcome-focused care. The processes should be responsive to improving the outcomes for service users, actively drive good practice and standards, and include other stakeholders in the processes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team? 4 - Good

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

Staffing arrangements were informed from information in people's needs assessments and personal plans. Dependency assessments which covered all aspects of people's needs were being completed regularly and staff attempted to support people with their preferred routines. However, improvement was needed to ensure that staff had time to engage with people outwith scheduled tasks and activities to enjoy more meaningful engagements. Observation and engagement in communal areas was limited and staff sometimes struggled to spend extra time for people being cared for in their rooms (see area for improvement 2 in 'How well do we support people's wellbeing?').

The service had a contingency plan in place for periods where staffing may be impacted by unexpected circumstances or absences. Families commented how they had seen this working well during the recent extreme weather experienced in the area.

People told us of the kindness of staff. They told us that when they asked for help they received it in a respectful manner and they did not feel that staff were rushing them to complete tasks. Call bells were answered quickly and we did not observe anyone waiting for or shouting out for assistance.

The service had a key worker system to support with the review and assessment of people's needs. Families told us that staff involved them in review meetings and preparation which contributed positively to people continuing to receive the level of support that was right for them.

The service managed staff breaks and handovers in a way that minimised any negative impact on support during times of peak activity, such as mealtimes. This ensured that people received the support they needed at the right times.

Staff who were not directly involved in care, for example administrators, maintenance, and ancillary personnel, were seen to engage well with people. There were lots of positive and kind engagements as they moved through the service completing their work.

New staff told us that they had experienced a good induction to the service and that they felt well equipped before starting work. A variety of training opportunities were made available and a high compliance for core training was achieved. This meant that people were supported by a skilled staff team.

The provider organisation offered a variety of ways to support staff's safety, resilience, and wellbeing, and staff spoke of a positive culture with strong working relationships within the teams. Staff we spoke with demonstrated a good knowledge of the Health and Social Care Standards (HSCS) and how these would be applied to support people achieve good personal outcomes.

How good is our setting? 4 - Good

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

Overall, the setting was clean, odour free, and comfortable. The units were homely with plenty of fresh air and natural light. Generally, the home was well decorated. There were, however, scuffs and chips to paintwork due to general wear and tear in the care environment. There were lots of small holes in walls from previous fixtures and fittings which needed be filled.

Staff had completed training in relation to their role to support with maintenance and cleaning of the environment and had access to supplies to support them to do this effectively. We saw personal protective equipment (PPE) at the point of care and staff used this in line with best practice.

Generally, people were able to choose where they spent their time. Each unit had a separate dining area and lounge area, or people could spend time in their bedrooms. Overall, people's bedrooms were homely and there was evidence of people having personal belongings with them to help them feel at home. People told us that although the rooms were small they were satisfied with their accommodation.

While there is outdoor space, access to this was restricted during the inspection with the conservatory doors being locked. We also found in the enhanced care unit that the bathroom door was locked, meaning that people could not freely and safely access bathrooms (see area for improvement 3 in 'How well is our care and support planned?').

Across the home, bathrooms and shower rooms were difficult to access as they were being used to store care equipment, such as hoists. People may have been able to use the toilet but would not have access to handwash basins as these were completely blocked. Storing hoists in toilet areas also increases the risk of cross-infection and the provider agreed to address how this would be managed more effectively.

Work is necessary, particularly in the enhanced care unit, to ensure that the environment meets best practice guidance and the needs of people experiencing care. Work to improve orientation for people, for example signage, should be completed and ensuring that fixtures and fittings are fit for purpose. We found that the taps in people's bathrooms were difficult to turn on and people with cognitive and physical decline would struggle to wash their hands or brush their teeth.

We were concerned to find the supply of hot water to the home was impeded. Taps had to be run at full force for around three minutes before the water was at a suitable temperature. The provider had an awareness of this but had not responded to the situation effectively. Plans were made during inspection to complete works to rectify the situation.

There was a system in place for the reporting and tracking of maintenance issues and staff were aware of their responsibilities for environmental safety and improvement. Health and safety checks were being completed, however there was some difficulty for the service in evidencing safety certificates. We noted that this had also been identified as an improvement by Scottish Fire and Rescue Service but the provider had not acted upon the information at that time.

The provider attributed this to lack of cooperation from the landlord. It is important that all safety certification is readily available for regulators and that leaders have an awareness of what is required and when it is due for renewal (see area for improvement 1).

Areas for improvement

1. To promote environmental safety for people experiencing care, the provider should ensure that they track compliance of and have access to relevant environmental safety certification.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.23); and 'My environment is safe and secure' (HSCS 5.19).

How well is our care and support planned? 4 - Good

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

The service currently uses both electronic and paper format to plan and manage people's care. Paper copies of plans made it easier for people to have easy access to their personal plans.

People told us that the service regularly engaged with them to assess and update information about care needs for their personal plans. We saw that a range of professionals were also involved in the development and review of people's care needs and reviews were completed regularly. This meant that people were at an increased likelihood of receiving care and support that was right for them.

Plans were person-centred, contained good detail about people, their likes and dislikes, and how they wished to be cared for. Plans described a strengths-based approach which promoted independence and maintenance of skills. We saw that what was described in care plans matched the care people received.

Recording of people's experiences needed to improve. Where concerns had been identified, for example where someone had not opened their bowels for an extended period of time or continually refused personal care, the information did not appear to have been analysed or acted upon resulting in the situation continuing for longer than necessary without apparent appropriate intervention (see area for improvement 1).

Some people were no longer able to make decisions for themselves and needed legal frameworks to support with decision making. Information about this was not always recorded in people's personal plans and when we spoke with staff, some did not have a clear understanding of the Adults with Incapacity (Scotland) Act 2000 or what their responsibilities were in relation to their role (see area for improvement 2).

Improvement was needed around seeking consent where technology was used to support care. Items, such as sensor mats and door sensors, can be viewed as restrictive and, as such, require clear information about decision making processes and frequency of review. This ensures that people's human rights are recognised and upheld (see area for improvement 3).

Personal plans addressed future care needs and anticipatory care planning. Families told us how staff supported them sensitively to discuss this difficult topic. We saw Namaste care plans describing what care and support people wished for during their last stages of life.

Areas for improvement

1. To ensure that people continue to receive safe care and support that meets their needs, the provider should ensure that people's healthcare recording charts and assessments are completed accurately and that information is regularly reviewed, analysed, and acted upon.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs as agreed in my personal plan are fully met and my wishes and choices respected' (HSCS 1.23).

2. To ensure that people's rights are upheld, staff should undertake training relevant to their role to work legally and effectively with the Adults with Incapacity (Scotland) Act 2000 and additionally ensure that relevant legal documentation is contained within people's personal plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

3. To ensure that people receive least restrictive care and their human rights are upheld, the provider should ensure that where people's choices and movement are restricted or monitored, that the decisions around this are clearly recorded and take account of current legislation.

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

protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used' (HSCS 2.7).

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 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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