

Buckreddan Care Centre Care Home Service

Irvine Road
Kilwinning
KA13 7PF

Telephone: 01294 542 700

Type of inspection:
Unannounced

Completed on:
26 February 2026

Service provided by:
Buckreddan Partnership

Service provider number:
SP2003002258

Service no:
CS2003010255

About the service

Buckreddan Care Centre is a care home for older people, situated in a residential area of Kilwinning close to local transport links, shops, and community services. The provider is Buckreddan Partnership.

The service has been registered to provide a care service to a maximum of 125 clients aged 50 years and over with assessed care needs. Inclusive are a maximum of 10 places for clients with complex care needs who may be below 50 years of age. The care will be provided with 78 places in Eglington unit and 47 in Garnock unit.

Residents have single rooms, most of which have en-suite toilet and shower facilities, with many incorporating a sitting area. Each building has its own kitchen and laundry service areas. Residents have access to a number of lounges, dining areas and an on-site hairdresser salon.

About the inspection

This was an unannounced follow up inspection which took place on 10 December 2025 and 25 and 26 February 2026. The inspection was carried out by four inspectors 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 four of their family
- spoke with 20 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- The service made significant improvements since our initial inspection. This meant that people experienced better outcomes and safer care.
- The service met all of our previous requirements. This was evidence for the managers' capacity for leading effective improvement and their high degree of motivation.
- The service met most of our previous areas for improvement. This showed that managers and staff worked very hard on achieving better outcomes for people across a range of important areas of care practice.
- We re-stated some previous areas for improvement and discussed the need for further and sustained improvement across all areas of practice with the management team.

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? | 3 - Adequate |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 3 - Adequate |
| How good is our setting? | 3 - Adequate |
| 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?

3 - Adequate

At this follow-up inspection, we found that the service had made significant improvements to the support of people's wellbeing. Managers had developed comprehensive action plans and introduced improved systems for ongoing quality assurance and self-evaluation. These changes supported further and sustainable improvement within the service.

A previous requirement to improve mealtimes had been met, as well as a previous requirement to ensure that infection prevention and control practice is safe, robust and consistently implemented (**see the section 'What the service has done to meet any requirements we made at or since the last inspection'**).

The service met four previous areas for improvement by demonstrating improvements and strengthening practice in several areas, including the quality of interactions with people and promoting good oral care (**see section 'What the service has done to meet any areas for improvement we made at or since the last inspection'**).

We restated two previous areas for improvement. Although the service had plans in place, more time was needed to implement robust and sustainable changes (**see areas for improvement 1 and 2**).

As a result, we increased the evaluation of this key question to adequate. This meant that strengths just outweighed weaknesses, but more work was needed to develop robust practice that consistently supported good outcomes for people.

Areas for improvement

1. To support wellbeing, the provider should ensure people, including those who spend time in their rooms, experience regular, meaningful engagement and activity.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I can choose to have an active life and participate in a range of activities every day' (HSCS 1.25).

2. To promote the safety and wellbeing of people experiencing care, the provider should ensure that individuals have access to their mobility equipment in line with their assessed needs, as detailed in their care plans.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

How good is our leadership?

3 - Adequate

At this follow-up inspection, we found that the service had made significant improvements to leadership and management. Managers had developed comprehensive action plans and introduced improved systems for ongoing quality assurance and self-evaluation. In addition to that, managers strengthened leadership approaches at all levels and promoted accountability and reflective practice. These changes supported further and sustainable improvement within the service.

A previous requirement to strengthen governance and quality assurance systems had been met (**see the section 'What the service has done to meet any requirements we made at or since the last inspection'**).

As a result, we increased the evaluation of this key question to adequate. This meant that strengths just outweighed weaknesses, but more work was needed to develop robust practice that consistently supported good outcomes for people.

How good is our staff team?

3 - Adequate

At this follow-up inspection, we found that the service had made significant improvements to safe and effective staffing processes and to staff training. Managers had developed comprehensive action plans and introduced improved systems for the ongoing planning and self-evaluation of staffing and training in the service. These changes supported further and sustainable improvement within the service.

Two previous requirements to ensure staffing arrangements are safe and effective and to ensure that staff receive essential training and development opportunities had been met (**see the section 'What the service has done to meet any requirements we made at or since the last inspection'**).

As a result, we increased the evaluation of this key question to adequate. This meant that strengths just outweighed weaknesses, but more work was needed to develop robust practice that consistently supported good outcomes for people.

How good is our setting?

3 - Adequate

At this follow-up inspection, we found that the service had made significant improvements to the management and ongoing improvement planning for the setting. These changes supported further and sustainable improvement within the service.

A previous requirement to ensure the environment is improved to promote safety, comfort and wellbeing for residents had been met (**see the section 'What the service has done to meet any requirements we made at or since the last inspection'**).

The service met two previous areas for improvement by demonstrating improvements and strengthening practice in ensuring robust cleaning processes and ensuring a safe environment (**see section 'What the service has done to meet any areas for improvement we made at or since the last inspection'**).

We restated one previous area for improvement for access to garden spaces. Although the service had plans in place and landscaping work was ongoing, more time was needed to implement robust and sustainable changes (**see areas for improvement 1**).

As a result, we increased the evaluation of this key question to adequate. This meant that strengths just outweighed weaknesses, but more work was needed to develop robust practice that consistently supported good outcomes for people.

Areas for improvement

1. The provider must ensure that people experiencing care are able to independently access safe and secure outside space and those who are able can do so independently when they wish.

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

'If I live in a care home, I can use a private garden' (HSCS 5.23)

and

'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

How well is our care and support planned?

3 - Adequate

At this follow-up inspection, we found that the service had made significant improvements to the management and ongoing improvement of care and support planning. These changes supported further and sustainable improvement within the service.

A previous requirement to ensure people experience consistent, safe care through accurate, up-to-date, person-centred care planning and records had been met (**see the section 'What the service has done to meet any requirements we made at or since the last inspection'**).

The service met a previous area for improvement by ensuring people had detailed and up-to-date anticipatory care plans in place (**see section 'What the service has done to meet any areas for improvement we made at or since the last inspection'**).

We restated a previous areas for improvement. Although the service had plans in place and work was ongoing, more time was needed to implement robust and sustainable changes (**see areas for improvement 1**).

As a result, we increased the evaluation of this key question to adequate. This meant that strengths just outweighed weaknesses, but more work was needed to develop robust practice that consistently supported good outcomes for people.

Areas for improvement

1. The manager should demonstrate that systems are in place to support the effective communication with family/representatives of people experiencing care. A record of the agreed arrangements and all communication made and received should be maintained.

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).

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

Requirements

Requirement 1

By 30 November 2025, the provider must ensure the environment is improved to promote safety, comfort and wellbeing for residents.

To do this, the provider must, at a minimum:

- a) Ensure the premises, environment and furnishings used by residents are clean and well maintained.
- b) Submit to the Care Inspectorate a revised environmental improvement plan for both Garnock and Eglinton Units, with a detailed schedule of the renovation work which will be implemented, the dates work will commence and the proposed completion dates.

This is in order to comply with Regulation 10(2)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210). This is to ensure care and support is consistent with Health and Social Care Standard 5.22: I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

This requirement resulted from a complaint. Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

This requirement was made on 9 October 2025.

Action taken on previous requirement

The service had made clearly measurable progress in improving the cleanliness, maintenance, and presentation of the environment. People benefitted from bedrooms, communal spaces and corridors that were consistently cleaner and tidier than at our initial inspection. We saw that environmental improvement work had begun, including refurbishment of the Garnock tea lounge and garden landscaping in Eglinton, which showed commitment to longer term improvement.

These improvements were supported by more effective quality assurance systems and increased staff awareness of expected standards. Staff received further training, and managers used regular checks and direct feedback to maintain progress. This resulted in a safer and more comfortable environment that supported people's wellbeing and dignity.

The provider had also developed detailed environmental action plans for both units, which included timescales and monitoring arrangements. This helped demonstrate their understanding of outstanding areas and the steps required to complete them.

Met - outwith timescales

Requirement 2

By 9 December 2025, the provider must ensure people experience safe, dignified, and person centred mealtimes that promote nutrition, wellbeing, and comfort.

To do this, the provider must, at a minimum:

- a) ensure staff follow people's nutritional assessments and preferences
- b) ensure people who require support receive timely and appropriate assistance
- c) position people safely when eating and drinking
- d) ensure appropriate seating and adaptive equipment is consistently available and used
- e) carry out regular direct observations of mealtime practice and take effective action to ensure consistently good practice.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8 of the Health and Social Care Staffing (Scotland) Act 2019.

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

'I am supported to eat and drink in a dignified way' (HSCS 1.34)

and

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37)

This requirement was made on 6 November 2025.

Action taken on previous requirement

At the follow up inspection visit on 10 December, we found that mealtime practice in Eglington had improved significantly. Staff were well prepared and better organised, which meant the mealtime ran smoothly and without the level of disruption seen previously. Responsibilities were clearly allocated, the mealtime lead was easily identifiable, and dining rooms had been set up in advance to support comfort and independence.

People experienced calmer and more dignified mealtimes. Staff were more confident, relaxed, and attentive, which supported warm and person centred interactions. Assistance was timely, and staff sat beside people at the correct height, helping ensure safety and comfort. Food was transported appropriately, including the consistent use of covered trays, and people were supported with hand hygiene and offered choices throughout the meal.

Managers had strengthened oversight of this key care process. The mealtime lead tracked individual meal intake and liaised with the kitchen to ensure correct diets and textures were provided. These improvements were embedded in daily practice and had a positive impact on people's wellbeing, dignity, and nutritional support.

Met - within timescales

Requirement 3

By 9 December 2025, the provider must ensure that infection prevention and control practice is safe, robust and consistently implemented.

To do this, the provider must, at a minimum:

- a) ensure all areas of the home are clean, hygienic and free from malodour
- b) ensure PPE stations are appropriately stocked and accessible at all times
- c) ensure waste is stored and disposed of safely and external areas remain clean
- d) implement regular infection prevention and control audits and take prompt action on identified issues.

This is to comply with Regulation 4(1)(a) and 10(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This requirement was made on 6 November 2025.

Action taken on previous requirement

The service had made meaningful progress with infection prevention and control since the initial follow up visit. PPE trolleys had been removed and replaced with well stocked wall mounted stations, and staff were observed using PPE correctly during daily practice. External areas were clean and free from clinical waste. Managers responded positively to feedback, and their action plans were active and well maintained.

However, at our follow up inspection visit on 10 December 2025 we found that further improvements to the cleanliness of people's equipment and environment were needed. We therefore extended the timeline for meeting this requirement to 24 February 2026.

At the follow up visit on 25 February, we found substantial further improvement. Communal areas and corridors in both units were noticeably cleaner, and bedroom environments were tidy and well maintained. Mattress covers and bedside rail bumpers were clean in almost all cases, with any minor issues we found addressed immediately by senior staff. Toiletry and topical medication storage was better managed, although some variation remained.

Managers had strengthened quality assurance, including regular audits, spot checks, and a clear feedback loop to staff. Both senior carers and managers promoted ownership of improvements and used reflective discussions to support learning. These systems helped sustain more consistent practice across the service.

Met - within timescales

Requirement 4

By 24 February 2026, the provider must ensure people experience consistent, safe care through accurate, up-to-date, person-centred care planning and records.

To do this, the provider must, at a minimum:

- a) ensure personal plans accurately reflect current assessed needs and preferences
- b) record clinical care consistently, including wound care, repositioning, nutrition and bladder care
- c) ensure staff follow and document external professional guidance

d) ensure effective auditing systems for care plans and records and act promptly on findings.

This is to comply with Regulation 4(1)(a) and Regulation 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

And

'My care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 6 November 2025.

Action taken on previous requirement

Managers had taken a focused and structured approach to improving care planning. They selected a small group of care plans and implemented the required improvements within these samples. This helped staff understand what high quality, person centred documentation looked like in practice. The improved plans were used as working examples to guide staff, and managers intended these to act as a template for full roll out across the service.

Care plans we sampled were more up to date and reflected people's assessed needs more clearly, including clinical care and working effectively with external professionals.

Managers had introduced more structured evaluation of care plans, with clearer expectations for staff and regular oversight to ensure progress. Staff were given feedback to help them develop their understanding and competence. This helped embed a culture of accountability and consistency in recording practice.

These improvements meant that people were more likely to experience safe and consistent care, and staff had better access to the information needed to meet people's needs reliably.

Met - within timescales

Requirement 5

By 24 February 2026, the provider must strengthen governance and quality assurance systems to ensure care is safe, responsive, and continuously improving.

To do this, the provider must, at a minimum:

- a) implement a proactive and outcome-focused self-evaluation process that includes regular review, follow-up, and measurement of impact on people's experiences
- b) ensure quality assurance tools are robust, regularly reviewed, and effectively identify and respond to risks such as poor practice, infection control, and fire safety
- c) embed a culture of continuous learning by providing on-the-floor coaching and updating supervision formats to support staff development
- d) ensure responses to poor practice focus on improvement and learning, not solely accountability
- e) demonstrate leadership that anticipates and addresses concerns before they escalate, through regular monitoring and reflective practice
- f) promote and embed leadership and accountability at all levels of staff and across all job roles.

This is to comply with: Regulation 4(1)(a) and (d) (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 state that:

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

And

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS4.11).

This requirement was made on 6 November 2025.

Action taken on previous requirement

Managers had invested considerable time and effort in developing improved quality assurance and self evaluation systems. They used audits, checks, supervision, and reflective discussions to drive improvement, and they were able to demonstrate how this work had contributed to better outcomes in key areas such as mealtimes, cleanliness, and leadership at all levels. Documentation showed improved follow up, clearer action planning and a stronger focus on measuring impact.

We found that leadership and the service's capacity for improvement had become stronger. Managers understood what good practice looked like and were able to adapt their approaches based on evidence gathered through audits and observations. They used on the floor coaching to support staff learning, and this helped build competence and confidence across the team.

Quality assurance tools were becoming more outcome focused and allowed managers to identify and respond to risk more effectively. Leadership was more anticipatory, and staff were more aware of expectations. These improvements supported a culture of learning and helped build sustainable change and improvement.

Met - within timescales

Requirement 6

By 24 February 2025, to ensure that peoples care and support needs are met in a safe and high quality care service, the provider must ensure staffing arrangements are safe and effective.

To do this, the provider must, at a minimum:

- a) regularly assess and review peoples care and support needs
- b) demonstrate how the outcome of people's assessments are used to inform the staffing number and arrangements
- c) implement quality assurance systems to evaluate care outcomes and assess if staffing arrangements are effective in providing responsive, person-centred support and the best good outcomes for service users.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

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

'My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 6 November 2025.

Action taken on previous requirement

The provider had developed a new staffing assessment tool aligned with statutory guidance. Managers used this alongside improvements to care plan evaluations to build a clearer picture of people's needs and the staff time required to meet them. As this system becomes fully embedded, it should provide more reliable evidence for staffing decisions going forward.

Alongside this, managers had strengthened quality assurance systems and used training needs analysis to plan staff development. This helped ensure that staffing decisions were not made in isolation but were informed by people's outcomes, staff skills, and the service's capacity to respond to changing needs.

These improvements placed the service in a stronger position to ensure safe and effective staffing arrangements.

Met - within timescales

Requirement 7

By 24 February 2026, to promote the safety and wellbeing of people, the provider must ensure that staff receive essential training and development opportunities to enable them to be competent in their roles.

To do this the provider must at a minimum:

- a) undertake a training needs analysis to identify what training and development is required for each role
- b) arrange appropriate training and ensure that the pace of training completion reflects the need for improvement
- c) implement effective quality assurance systems to evaluate the effectiveness of training and development opportunities and ongoing competency of staff.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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).

This requirement was made on 6 November 2025.

Action taken on previous requirement

The provider completed a thorough training needs analysis, which gave managers a clear understanding of current staff skills and the training required for each role. This supported a more structured approach to learning and development and allowed managers to prioritise training in areas where improvement was needed most.

Quality assurance systems had also been strengthened to evaluate the impact of training on practice. Managers promoted accountability and leadership at all levels, and staff were given feedback and coaching to help them develop professionally. These steps helped ensure that training was not only delivered but also embedded in daily practice.

As a result, the service was better placed to ensure that staff were competent and confident in their roles, which contributed to safer and more consistent care.

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 promote dignity and emotional wellbeing, the provider should ensure staff consistently demonstrate warmth, respect and person-centred communication.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience people speaking and listening to me in a way that is courteous and respectful' (HSCS 3.7).

This area for improvement was made on 6 November 2025.

Action taken since then

Throughout our inspection visits staff consistently demonstrated warm, respectful and person-centred communication. Inspectors observed staff using residents' names, offering reassurance, engaging in friendly conversations, and responding sensitively to distress or uncertainty. Residents and relatives described staff as kind, polite and welcoming. No examples of disrespectful interactions were observed by inspectors.

This area for improvement was met.

Previous area for improvement 2

The provider should ensure people have access to appropriate communication support, including aids, culturally sensitive practice and staff communication skills.

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

'I am supported to communicate in a way that is right for me' (HSCS 2.3).

This area for improvement was made on 6 November 2025.

Action taken since then

The service had taken meaningful action to develop communication practice, including running dementia communication scenario sessions with staff and reviewing these with senior staff for learning. Staff demonstrated awareness of individual communication needs, and examples showed culturally sensitive approaches, such as respecting dietary restrictions and families' preferences for religious participation. Residents who preferred to communicate in their own way were supported to do so.

This area for improvement was met.

Previous area for improvement 3

To support wellbeing, the provider should ensure people, including those who spend time in their rooms, experience regular, meaningful engagement and activity.

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

'I can choose to have an active life and participate in a range of activities every day' (HSCS 1.25).

This area for improvement was made on 6 November 2025.

Action taken since then

Although staff checked on people regularly and ensured they received drinks, meals and comfort, the provision of meaningful engagement remained inconsistent. Residents who preferred to stay in their rooms reported that staff offered activities occasionally, but not always reliably. Activity provision was improving, but evidence showed gaps in offering or recording purposeful and personalised engagement.

It was positive to see that the management team had plans and ideas to strengthen this important area of care and saw it as one of their priorities. Some of the resulting changes, such as the separation of Eglington house into two, more manageable areas already showed encouraging results.

We will re-state this area for improvement under the key question 'How well do we support people's wellbeing?'.

This area for improvement was not met.

Previous area for improvement 4

The provider should improve the environment to ensure all areas are clean, well-maintained, free from odour and feel homely and comfortable.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises.' (HSCS 5.22)

This area for improvement was made on 6 November 2025.

Action taken since then

The service had made visible improvements to the environment, with cleaner rooms, fresher presentation and some upgraded areas. A previous requirement for infection prevention and control practice and a previous requirement for creating clear and comprehensive action plans for improving the environment were met.

This area for improvement was met.

Previous area for improvement 5

To ensure people's wishes and preferences for future care are respected and clearly documented, the provider should improve the development and use of anticipatory care plans. These plans should be person-centred, regularly reviewed, and include input from the individual, their representatives, and relevant professionals.

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

"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)

and

"I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services" (HSCS 1.28).

This area for improvement was made on 6 November 2025.

Action taken since then

There was clear evidence of progress, with anticipatory care planning (ACP) becoming a routine part of daily work. ACP formats had been introduced, staff understood their purpose, and all care plans sampled contained completed ACPs. Records showed involvement of residents and families where appropriate, and regular reviews were emerging.

This area for improvement was met.

Previous area for improvement 6

The provider must ensure that the environment of the home is safe and protects people who live, visit and work in the service from harm.

To do this, the provider must, at a minimum ensure that:

- a) there are effective systems in place to assess and monitor the health and safety requirements for the care home;
- b) guidance from external stakeholders such as the Scottish Fire and Rescue Service and the Health and Safety Executive are adhered to;
- c) staff assigned health and safety responsibilities must have appropriate training for the role, including fire safety and COSHH;
- d) arrangements are made to ensure that appropriately trained personnel are available to cover absence of the staff assigned health and safety roles; and
- e) there is a system to verify that health and safety checks have been carried out and action taken to address identified issues.

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

'My environment is secure and safe' (HSCS 5.17).

This area for improvement was made on 16 April 2025.

This area for improvement was made on 16 April 2025.

Action taken since then

Health and safety processes had been strengthened, including regular checks on fire doors, bedrails and equipment, and the existence of environmental trackers and refurbishment plans.

This area for improvement was met.

Previous area for improvement 7

The provider must ensure that people experiencing care are able to independently access safe and secure outside space and those who are able can do so independently when they wish.

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

'If I live in a care home, I can use a private garden' (HSCS 5.23)

and

'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 16 April 2025.

Action taken since then

The service had begun work on developing garden areas, with visible construction activity such as raised beds and path creation in one of the gardens of Eglinton unit. While progress was evident, more time was required for planned improvements to the gardens to be fully implemented and to be able to evaluate the impact on people's outcomes.

We will re-state this area for improvement under the key question 'How good is our setting?'

This area for improvement was not met.

Previous area for improvement 8

The manager should ensure that a detailed inventory of people's personal clothing and property is completed on admission to the care service and is updated as necessary throughout their stay.

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

'My human rights are protected and promoted and I experience no discrimination' (HSCS 1.2).

This area for improvement was made on 10 July 2025.

This area for improvement was made on 10 July 2025.

Action taken since then

The service had clear processes for creating and maintaining clothing and property inventories at admission, and domestic staff understood their responsibilities. Although some inconsistencies around uploading documents to electronic systems remained, the overall system was functional and fit for purpose.

This area for improvement was met.

Previous area for improvement 9

The manager should demonstrate that systems are in place to support the effective communication with family/representatives of people experiencing care. A record of the agreed arrangements and all communication made and received should be maintained.

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).

This area for improvement was made on 7 May 2025.

Action taken since then

The service had introduced family contact plans and used daily notes to record communication. However, inspectors found inconsistent documentation, gaps in recorded check-ins, and variation across care plans. The system was still developing and it was positive that the service had clear and ongoing action plans for further improving the quality of care plans and documentation.

We will re-state this area for improvement under the key question 'How well is our care and support planned?'

This area for improvement was not met.

Previous area for improvement 10

The manager should ensure that people's oral healthcare needs are appropriately assessed, planned and reviewed. A record of all assistance with oral care should be maintained.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 7 May 2025.

Action taken since then

All residents had oral healthcare plans and risk assessments, and staff recorded oral care provided, including refusals. The detail varied between plans, but the service had taken steps to create a more consistent recording system, and evidence showed timely review processes.

This area for improvement was met.

Previous area for improvement 11

To promote the safety and wellbeing of people experiencing care, the provider should ensure that individuals have access to their mobility equipment in line with their assessed needs, as detailed in their care plans.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 26 January 2026.

Action taken since then

This area for improvement resulted from a complaint investigation that took place at the end of January after our initial inspection. We will include it in this report to follow it up at our next inspection.

During this follow up inspection we saw that the service had action plans in place and that work was ongoing to meet this area for improvement. More time was needed for these improvement actions to be fully implemented.

We will re-state this area for improvement under the key question 'How well do we support people's wellbeing?'.

This area for improvement was not 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? | 3 - Adequate |
| 1.1 People experience compassion, dignity and respect | 3 - Adequate |
| 1.2 People get the most out of life | 3 - Adequate |
| 1.3 People's health and wellbeing benefits from their care and support | 3 - Adequate |
| How good is our leadership? | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |
| How good is our staff team? | 3 - Adequate |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 3 - Adequate |
| How good is our setting? | 3 - Adequate |
| 4.1 People experience high quality facilities | 3 - Adequate |
| How well is our care and support planned? | 3 - Adequate |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 3 - Adequate |

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.