

Gilmerton Care Home Service

Gilmerton
9 Moredunvale Road
Edinburgh
EH17 7QU

Telephone: 01316723337

Type of inspection:
Unannounced

Completed on:
10 March 2026

Service provided by:
Gilmerton Care Limited

Service provider number:
SP2024000322

Service no:
CS2025000186

About the service

Gilmerton care home is in a residential area of south Edinburgh. There are shops, local services and a bus route close by.

The provider is Alor Healthcare Limited.

It is set out over two floors and divided into four units, with garden access from each unit on the ground floor. On the first floor, two units provide care for people who have dementia. On the ground floor, two units provide care for physically frail older people.

The bedrooms are single rooms with an en-suite toilet and wash hand basin. Each of the units has two lounge areas and a dining area. There are shared bathing/showering and toilet facilities on each of the units. The home also has a separate kitchen, laundry and staff facilities.

At the time of the inspection, 59 people were living in the home.

About the inspection

This was an unannounced which took place on 2-3 March 2026 from 0830-1800 hours. The inspection was carried out by three 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 11 people using the service and their family/friends/representatives;
- received feedback from 20 relatives via questionnaires;
- spoke with 24 staff and management;
- observed practice and daily life;
- reviewed documents, including care plans, quality assurance and medication records, and
- spoke with or received feedback from seven visiting professionals

Key messages

- People said staff were caring, kind, thoughtful and supported them well.
- We observed staff providing kind and compassionate interactions with people and knew their needs well - this supported person-centred care.
- The care home environment was welcoming, clean and well maintained with an ongoing refurbishment programme.
- The service should improve the accuracy and completeness of daily care notes to support better continuity of care, and provide a more reliable record for audit, and regulatory compliance.
- The provider should ensure leadership oversight of and develop effective quality assurance systems.

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?	5 - Very 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?	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?

5 - Very Good

We made an evaluation of very good for this key question, where we found significant strengths in aspects of the care provided and how these supported positive outcomes for people.

We observed very good interactions and engagement between people and staff who knew them well. People receiving care said they felt safe and listened to and strongly agreed that staff treated them well and they could get the help when they needed it.

Feedback from relatives was wholly positive, describing care as "exemplary", "(my relative) is treated above and beyond merely care" and "I feel that there is a brilliant balance of communication and compassion/ understanding which I appreciate immensely."

There was nursing staff in the home at all times and we saw clear evidence of engagement with external professionals, such as GP, chiropodist, and referrals made to other healthcare professionals as required. Feedback from GP described a "dynamic way of working" with staff who were quick to act on health-related issues and were responsive to any advice given. This gave people experiencing care reassurance about having responsive healthcare from the right person.

Medication was stored appropriately, and staff maintained safe and effective systems for stock management and auditing and administering medication in line with prescribers' guidance. 'As-required' medication protocols were in place. People could be confident that robust systems and support were in place to help them take their prescribed medication safely.

We observed a positive dining experience where seating arrangements respected individual preferences. Staff offered people freshly prepared meals with choices that suited a range of dietary needs. Kitchen staff were knowledgeable about individuals' dietary requirements and ensured that texture modified meals were appealing and well presented. People told us the food was good, plentiful, and that staff offered snacks and drinks throughout the day with fresh cold drinks readily available in bedrooms and communal areas, supporting good hydration and nutritional outcomes.

People were warmly welcomed into the home for visiting. This helped ensure people could connect with those who were important to them.

The care home offered a structured activity programme delivered by an enthusiastic and motivated activities team, Monday to Friday and included regular music, movement and pet therapy sessions. We saw good links with local community services, such as library groups, nursery and Church. We saw access to the garden from all lounge areas with lawn areas, planters and patio areas which people confirmed is used regularly in warmer weather.

Some relatives expressed a desire for additional activities outside the home, however the manager and staff confirmed a plan was in place for Spring outings. People did not indicate that they were bored or that activity provision was insufficient. As a result, most people's health and wellbeing benefited from meaningful stimulation and social contact with others.

How good is our leadership?**3 - Adequate**

We made an evaluation of adequate for this key question, where we found that strengths just outweighed weaknesses.

The provider had systems in place to support oversight of the service and demonstrated a commitment to making improvements and maintaining the safety and wellbeing of people experiencing care. We saw a range of quality assurance audits, which evidenced regular monitoring activity. However, the quality, detail and consistency of associated action plans was variable. While some actions were recorded as complete, it was not always clear what work had been undertaken, nor was there evidence of evaluation to confirm that improvements were effective. This reduced the service's ability to accurately track progress or demonstrate how changes were improving outcomes for people. For example, key items were not included from specific risk assessments of key health and safety processes into a comprehensive action plan detailing the response to remedial works, including what had been completed and what remained outstanding.

We were not assured of sufficient management oversight of some quality assurance systems and discussed with the manager a requirement would be made (see requirement 1).

A business improvement plan was in place; however, this should be developed further to ensure it is comprehensive. People experiencing care, as well as staff, should be meaningfully involved in shaping how the service develops. We discussed with the manager that strengthening the consistency of action planning, including clear evidence based updates, would help demonstrate how improvements are being made and how they are enhancing people's comfort, safety, and quality of life over time.

The service did not have a self evaluation process in place. We discussed with the manager that self evaluation is central to understanding what is working well, identifying what needs to improve, and guiding the improvement journey for the service and directed them to resources on the Care Inspectorate website.

Requirements

1. To ensure people experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance must be improved.

By 31 May 2026, the provider must ensure that effective quality assurance systems are in place to safeguard the health, welfare, and safety of people who use the service.

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

- a) formalise quality assurance processes with documented audits for key areas of service delivery including, but not limited to, staff supervision, appraisal and the environment, including an action plan for external remedial works as detailed within specific service risk assessments;
- b) develop and implement an on-going service improvement plan that is regularly reviewed, includes clear timescales, and identifies individuals responsible for actions; and

c) introduce structured self-evaluation processes that involve people who use the service, staff and relevant external agencies.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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).

How good is our staff team?

5 - Very Good

We evaluated this key question as very good, where we found significant strengths in aspects of the care provided and how these supported positive outcomes for people.

People experiencing care described staff as "nice" and "lovely," and agreed that staff worked well together. Relatives also gave overwhelmingly positive feedback, strongly agreeing that their family member was safe, valued, independent and treated with dignity.

People could be reassured that staffing levels were appropriate and responsive to their needs. Dependency assessments were used effectively and considered a range of meaningful factors to provide a clear and accurate understanding of individuals' support requirements. This enabled the service to deploy staff appropriately across units, ensuring people received timely and consistent support.

There were robust and well managed recruitment processes in place, meaning people could be confident that staff had been recruited in line with safer recruitment guidance. The process was well organised and documented, demonstrating procedures were followed consistently. To ensure people's safety, staff did not start work until all pre-employment checks had been concluded. Staff told us they felt well supported by a comprehensive induction programme.

Care and support was consistent and stable, because staff worked well together. Most staff described strong and positive teamwork and trust across the staff team. This supported a calm and positive environment and contributed to positive outcomes for people experiencing care.

People could be confident that staff were well trained and skilled with access to a wide range of training opportunities, and we saw high compliance levels within the staff teams. Training had been planned in response to identified need and staff feedback, including topics such as managing stress and distress, trauma informed care, and epilepsy awareness. Staff reported feeling well equipped for their roles and were supported to undertake further specialised training, including Promoting Excellence 2021 framework: dementia-skilled and enhanced practice level learning.

A supervision structure was in place for all staff, and most sessions took place in line with service policy expectations. Supervision records varied in quality of detail, and we spoke with the manager who assured us that reflective discussions and learning and development needs would be considered to support ongoing staff development. We will check progress at our next inspection of the service.

While observations of practice had been completed during the induction period, they had not been carried out thereafter. Regular observations are essential for promoting good practice, strengthening management oversight, and supporting staff development. We spoke with the manager who assured us this would be embedded within ongoing supervision and support processes. We will check progress at our next inspection of the service.

How good is our setting?

4 - Good

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

The care home was welcoming, homely, clean, and well presented. The accommodation was clean and free from malodour, with furnishings and décor that contributed to a comfortable and personalised living space. People told us they agreed they lived in a clean and comfortable, homely environment and had their room the way they liked it.

Visitors described the care home as "Always spotless", "Always fresh smelling" and "Well maintained".

The hallways were clear of trip hazards and safe for people to move around freely. We saw people using the lounge areas for their visitors and activities, allowing for social interactions and meaningful engagement.

The atmosphere within the home was peaceful with staff serving regular drinks and snacks throughout the day. We observed there were no lengthy unanswered alarm calls, which demonstrated responsive care and contributed to a calm mood.

Bedrooms were highly personalised, decorated to people's individual tastes and provided adequate space for any necessary equipment. They were clean, bright, and airy with en-suite toilet facilities that supported privacy and dignity.

The external grounds were well maintained, and people told us they could access the garden when weather allowed.

The dedicated housekeeping team maintained a high standard of cleanliness throughout the home, evidenced by monitored cleaning schedules and effective infection prevention and control practices. As a result, people experienced positive outcomes from clean, tidy, and well-maintained premises, furnishings, and equipment.

We reviewed maintenance records and health and safety certificates and found the maintenance team completed regular facilities-based checks and kept records in order. However as noted under key question 2, we were not confident that areas identified as requiring improvement in environmental risk assessments were always followed through to completion.

How well is our care and support planned?

4 - Good

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

Personal plans were detailed, person-centred, and offered a clear sense of each individual, their needs and the best ways for staff to support them. This allowed people to feel confident that staff had necessary guidance to deliver their care and support safely and in accordance with their preferences.

We saw staff had completed various risk assessments, with monthly reviews meaning staff knew how to keep people safe and appropriate health monitoring was in place where required. We spoke with the manager that all risk assessments should reflect current practice and guidance.

Formal reviews took place every six months and included the person and relevant others. This helped ensure that plans remained current and reflective of changing needs. Families told us they felt involved with personal planning processes and where appropriate, we saw partnership with other health professionals to support improved health outcomes for people. Where individuals were not fully able to express their wishes and preferences, the relevant supporting legal documentation was in place to safeguard their rights. However, we discussed with the manager the need to explore more robust methods of evidencing people's input when they are unable to attend meetings in person.

The quality of daily written records, including daily notes and supporting documentation used to evaluate care, showed some inconsistencies. While staff kept daily notes up to date, these were written by hand and often included spelling errors, were frequently brief or lacking detail. We spoke with the manager about improving the accuracy and completeness of these notes which will support better continuity of care and provide a more reliable record for audit and regulatory compliance. This will also support the service's planned transition to a digital care management system. We will check progress in this area at our next inspection of the service.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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.