

The Bungalow Care Home Service

Arduthie Street
Stonehaven
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Type of inspection:
Unannounced

Completed on:
3 March 2026

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003000264

About the service

The Bungalow is a care home for five adults with complex learning and physical disabilities situated in a residential area of Stonehaven. The home is within walking distance to local transport, shops, and community services.

The home is purpose-built with large individual bedrooms, adapted bath and shower room and a large communal lounge. It has a conservatory extension and a garden which includes decking, hot tub, and several summerhouses.

About the inspection

This was an unannounced inspection which took place on 24 February 2026, 25 February 2026. and 3 March 2026. One inspector carried out the inspection 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 two families.
- Spoke with two staff members and management.
- Reviewed online surveys sent out prior to the inspection. We received feedback from two people using the service and one staff member.
- Walked round the building.
- Observed practice and daily life.
- Reviewed documentation.

Key messages

- Staff were respectful, patient and kind.
- People's health needs were generally well supported.
- There were improved opportunities for people to access their local community more.
- Staffing arrangements for the service needed to be reviewed.
- Improvements were required to ensure appropriate and timeously actions are taken when complaints or concerns are raised.
- Quality assurance processes were undertaken in partnership with families.
- People benefitted from a warm, clean, and comfortable living 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?	3 - Adequate
How good is our staff team?	3 - Adequate
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 several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced warm and compassionate care from staff who knew them well. We observed positive relationships between staff and the people they supported, which contributed to a relaxed and nurturing atmosphere within the home. People appeared comfortable, settled, and well presented.

People's health needs were met with well-established links with a wide range of healthcare professionals. Appropriate referrals were made when people required specialist treatment or there was a change in their health. This meant people's health benefitted from the right healthcare from the right service at the right time.

We identified that one person's airflow mattress was incorrectly set. We heard this may have been accidentally knocked during cleaning. However, this had the potential to adversely affect both skin integrity and comfort. Staff should routinely check and adjust airflow mattresses to ensure settings are correct. We will follow this up at the next inspection.

People's weights were not consistently undertaken, and people's personal plans lacked clear guidance on how often people's weight should be monitored. We suggested using additional tools to track factors which influence people's health and wellbeing. For example, skin integrity and nutrition. This would promote wellbeing by identifying early concerns or changes.

There were a range of activities available for people to participate in. An activities plan had been developed and was displayed in the home. This helped people and their families keep up to date with what was planned for the month. Activities included individual time with people, art, karaoke, and entertainment. Opportunities for outings to local community groups and cafés increased. These opportunities provided structure to people's week, and enhanced people's mood and wellbeing.

People's nutrition and hydration needs were met. The mealtime experience was calm, relaxed, and person-centred. People were supported sensitively and at their own pace. People's individual dietary requirements and preferences were known and respected. People who required specialist support for nutrition, were supported well.

The service had a medication policy in place and medications audits were carried out. We observed topical medications such as creams had not been dated when opened. This put people at risk of receiving a medication past its shelf life. **(See area for improvement 1).**

Areas for improvement

1. To ensure that people receive medication correctly and safely, the provider should make sure when "as required" medication is given the outcome of receiving this medication is recorded and evaluated. In addition, they should ensure topical medications are dated when opened to ensure people do not receive medication past its shelf life.

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 based on relevant evidence, guidance and best practice'. (HSCS 4.11).

How good is our leadership?

3 - Adequate

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

The service had a range of quality assurance tools in place. These systems contributed to identifying issues and areas where action was required.

A quality assurance group involving families had been formed, initially meeting monthly and later quarterly. This provided families with the opportunity to contribute to improvements within the service. The group were working through a self-evaluation of the service. Families were involved in decisions about décor and the environment, and there was evidence of collaborative work to enhance the outdoor space.

Staff completed accident and incident forms. We observed that there was a lack of analysis to identify preventive actions. This can lead to missed learning opportunities. The manager conducted a quarterly review of accidents and incidents. Accident and incident forms should be completed in full. There should be thorough analysis and recording of actions to be taken to mitigate future risk. We will follow this up at our next inspection.

Relatives and staff reported that they felt comfortable raising issues or concerns. However, it was evident that when concerns or complaints were submitted, there were notable delays in communication and responses. This impacted people's confidence in the service's ability to address matters promptly and appropriately. It is essential that people feel confident that their concerns and complaints will be addressed effectively and in a timely manner.

(See requirement 1).

The management team told us that they undertook regular informal observations of staff practice. However, the service would benefit from having a plan of regular recorded observations of practice and spot checks to assess staff performance and competency. This is to ensure staff are working in accordance with the Health and Social Care Standards.

(See area for improvement 1).

Where people needed support to manage their finances, there were robust policies and procedures in place to keep their monies safe.

Requirements

1. By 26 May 2026, the provider must ensure that all complaints and concerns raised are managed effectively, to protect the health, safety, wellbeing, and rights of people experiencing care.

To achieve this, the provider must as a minimum ensure:

a) All complaints and concerns raised are acknowledged, recorded, investigated, and concluded with the outcome reported back to the person raising the concern timeously.

b) Complaints and concerns raised are assessed for risk, with prompt escalation where concerns may present risk to people's health, safety, or wellbeing, ensuring protective action is taken without delay.

c) Notifications are made to the Care Inspectorate and other agencies, including protection concerns and notifiable events, in accordance with legislative and procedural guidance.

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

This is to ensure 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).

Areas for improvement

1. To ensure that people can be confident that staff supporting them are competent and skilled, the provider should ensure regular formal observations of staff practice are planned and undertaken. This is to support staff to understand how their training and development impacts on practice and to improve outcomes for people who use the service.

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).

How good is our staff team?

3 - Adequate

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

People benefitted from care delivered by staff who were kind, committed, and demonstrated genuine warmth in their interactions. We observed positive and nurturing engagement between staff and residents, which contributed significantly to a calm and supportive atmosphere. Staff knew people well and were able to describe their needs and preferences, which helped promote continuity and personalised care.

Staffing levels were planned in advance and there was a relief pool of staff who were used regularly to support consistency for people. This meant that people were supported by staff familiar to them. Most families we spoke with praised staff and one family commented that staff "go above and beyond", particularly during times of adverse weather.

We observed that staffing arrangements were not consistently at a level that ensured people's needs could be met safely. There were no formal processes established to assess and evaluate the staffing levels within

the home. We heard rotas were often planned around the availability of staff rather than the needs of the service. We saw examples where only two staff were on duty during certain shifts. This posed a risk to ensuring people received timely support and supervision. Staff themselves expressed concerns about low staffing levels particularly at weekends. **(See requirement 1).**

There were concerns about the functioning and cohesion of the staff team. This had contributed to a reduction in staff morale, tension within the team, and communication challenges. Management was aware and working to support a resolution; however, the situation had already impacted teamwork and the overall culture within the staff group.

(See requirement 1).

We were informed that the staff induction process included shadowing opportunities and online learning. However, there was a lack of evidence to confirm that induction had been fully completed, as records were either not used or unavailable. This means we could not be confident that all staff have received a complete and proper induction to undertake their role and meet people's needs. The management team started to address this at the time of the inspection.

Supervision and support systems were in place. However, some staff had not received supervision at the frequency expected within the organisation's own policy. This limited opportunities for reflective practice, skill development, and early identification of areas required improvement. **(See requirement 1).**

Requirements

1. By 14 April 2026, the provider must ensure that staffing levels within the service are safe, responsive, and sufficient at all times to meet the assessed health, welfare, and safety needs of the people experiencing care.

In order to achieve this, the provider must ensure that:

- a) A comprehensive and regular assessment of staffing levels is undertaken, using a systematic approach that considers: the number of people using the service and their current dependency levels, the layout of the building and supervision needs, the skills, experience, and competencies required on each shift and fluctuations in people's needs, including changes in health and wellbeing, planned activities, and community involvement.
- b) Staffing rotas ensure adequate numbers of trained and competent staff are present at all times.
- c) Ensure the wellbeing of staff by ensuring appropriate arrangements are in place to support staff members and to protect the health, wellbeing and safety of people and enable staff to provide safe and high-quality care.

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 7 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).

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.

People experienced care within an environment that was homely, welcoming, and well-maintained. The home was clean, tidy, and free from intrusive odours or noise, which contributed to a calm and comfortable atmosphere. The lounge and dining area was bright, providing a pleasant space for people to enjoy.

People benefitted from single, personalised bedrooms which reflected their preferences and personalities. Rooms contained homely belongings and features such as specialist lighting, glitter wallpaper, and decorative effects. This supported people's sense of identity.

Specialist equipment was available within the home to facilitate safe moving and handling. However, we heard that adaptations for a hoist had been outstanding for a considerable period. This meant a person did not have access to appropriately assessed slings for safe moving and handling practice. It is the responsibility of the service to ensure that all necessary equipment is in place, maintained, and readily available to support safe care and protect the wellbeing of people experiencing care.

Facilities such as the conservatory, hot tub and outdoor areas added positively to people's quality of life. The service had plans to develop its outdoor space further, including creating sensory and craft areas using their summer houses. This had the potential to enhance opportunities for meaningful activity and relaxation.

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.

People benefitted from having a key worker who was responsible to coordinate the delivery of their personal plans. This promoted consistency and ensured that people had the opportunity to build trusting relationships with the person supporting them.

Everyone had personal plans in place which were person centred and included good information to guide staff how best to support the person. However, some information within people's personal plans lacked clarity and was vague.

Plans were evaluated six weekly which helped to ensure people's needs were being met. However, we found one person's plan required to be reviewed as had not been updated following an improvement in their condition. **(See area for improvement 1).**

Six-monthly reviews were held in partnership with families and professionals. This created an opportunity for people and their families to discuss and make changes to their care to support positive outcomes.

We found daily notes contained detail on the activities people had undertaken and how they had presented. Diaries were available in people's bedrooms to share key information with families. We found some people's diaries had limited entries and we were unable to ascertain who had written them as they were not signed. This could hinder effective communication with families.

Areas for improvement

1. To ensure people are supported in accordance with their personal plan the provider should ensure that people's personal plans provide accurate information about their needs.

This is to ensure 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 are respected'. (HSCS 1.23).

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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