

St. Davids Care Home Care Home Service

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Telephone: 01307 464 284

Type of inspection:
Unannounced

Completed on:
3 March 2026

Service provided by:
Mr Ivan Cornford & Mrs Lisa Cornford

Service provider number:
SP2005951138

Service no:
CS2005105557

About the service

St. Davids Care Home is a privately owned care home in the Angus market town of Forfar, close to shops and local amenities. The service provides residential care for up to 24 older people.

The accommodation operates as separate households over two interlinked properties and provides accommodation over two floors. Residents have individual rooms and all but two have en-suite facilities. Public areas within the home include two lounge/dining areas, sun lounge and attractive garden areas to the front and rear of the property.

About the inspection

This was a follow up inspection which took place on 03 March 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 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 six people using the service and three of their family representatives;
- spoke with four staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- Staffing arrangements had improved, resulting in better support outcomes for people living at the service, and in staff morale.
- Clear information was available regarding people's support needs prior to admission to the service, which supported the development of care plans and guidance for staff.
- Quality assurance information had improved, which meant that the manager had better oversight of the service.
- Cleaning materials were safely stored when not in use in order to keep people safe.

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

Requirements

Requirement 1

By 30 October 2025, in order to ensure the safety of people and the public, the provider must ensure that substances that could be hazardous are locked away or under supervision at all times. This includes, but is not limited to clinical waste and cleaning products.

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

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

'My environment is safe and secure'. (HSCS 5.19).

This requirement was made on 18 August 2025.

Action taken on previous requirement

External clinical waste bins were locked and work had commenced to create a space for these to be stored in a more secure area, away from the public footpath and within the car park area of the service. This meant that these bins were compliant with current guidance, and legal requirements to keep people safe.

Additional general external dustbins had been purchased to ensure that all rubbish bags were safely contained, to prevent the risk of cross infection and vermin infestation.

Removable caddies had been purchased to contain bottles of cleaning fluids within cleaning trolleys. Staff had received additional guidance regarding the safe storage of cleaning materials to ensure they were not accessible to people living in the service and were locked away when not in use. This kept people safe and in line with current guidance set out in National Infection Prevention and Control manual (NIPCM).

This requirement is met.

Met - outwith timescales

Requirement 2

By 30 October 2025, the provider must ensure that the service can meet people's identified needs and comply with its conditions of registration by developing a clear process to support appropriate admissions to the service which should include but is not limited to:

- a) Complete a full pre-admission assessment and support plan of new residents to ensure that the service can meet their stated outcomes.
- b) Submit a variation to the Care Inspectorate if people's support needs or age are out with the current conditions of registration, clearly stating how the service will meet the needs of the person/people, and which also considers the impact on people already living at the service. Variations must also be agreed prior to new admissions entering the service.
- c) Ensure that staff have appropriate training in place prior to admission, to ensure staff understand and are competent to support new or unfamiliar health and support needs.
- d) Takes the views of other professional staff supporting the service into consideration.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.

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 4.27).

This requirement was made on 18 August 2025.

Action taken on previous requirement

The service had submitted the required variations for people in the home who were under 65 years of age and were operating in line with their current registration conditions.

The pre admission process had been reviewed and covered key aspects of care and support. A new pre admission assessment had been completed and was comprehensive, and subsequent care plans had been completed timeously following admission. We discussed with the manager how the format of the pre-admission assessment documentation could be improved to ensure that all information was clearly recorded. We will review this during our next inspection.

We sampled support plans for people who had recently been admitted to the service, and found that pre-admission information had been collated, and care plans and risk assessments completed to provide information and guidance to staff of the support needs for people.

Guidance and additional training had been sought from external professional staff, including district nurses and the dementia liaison team to provide training for staff prior to admission to ensure that staff had updated knowledge to support people in the service, and further training was planned. In addition mandatory training updates for staff were in progress to ensure staff were maintaining their knowledge and skills and to ensure they were maintaining their responsibilities under their professional codes of practice. The manager was carrying out monthly audits of staff training to ensure that this area was under continual review. These measures ensured that staff had the right knowledge and skills to support people coming into the service.

This requirement has been met.

Met - outwith timescales

Requirement 3

By October 30 2025, in order to ensure that people's need are met safely, the provider must:

- a) Use a suitable dependency tool to review the needs of people regularly and adjust staffing levels accordingly.
- b) Ensure that staff are deployed appropriately, to ensure that people are safe and have sufficient support in meeting their support outcomes.

This is in order to comply with Regulation 4(1)(a), and Regulation 4(2) 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).

This requirement was made on 18 August 2025.

Action taken on previous requirement

The manager was using a new dependency tool that was being used to help inform the overall staffing levels in the home. This was in the early stages of implementation, and the manager was continuing to review this information on a monthly basis as a minimum. We observed that the dependency tool had been completed every month and reflected that staffing care hours were in excess of need at the time of this inspection.

The manager had completed a comprehensive assessment that brought together a range of factors and situations that would or could influence staffing levels and availability, for example, the layout of the home and staff skill mix.

Some duties such as laundry and ironing had been removed from the core duties of care staff, and additional staff had been recruited, including a laundry assistant, activities coordinator, senior carer, and a new deputy manager who was due to begin in the service imminently. Cover for night shift had been increased to ensure there was always three members of staff available to support people. In addition to these measures, the service had also engaged with a care agency to ensure that staff absences were covered. We discussed these changes with staff who told us, 'things are much better now', that morale in the service had improved, and they had more time to carry out care and support for people. We observed that staff interactions were carried out in a relaxed manner and at a pace to suit the people living in the service. This supported people to feel relaxed in their environment and created a pleasant atmosphere in the service.

This requirement has been met.

Met - outwith 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

The provider should ensure that information regarding people's legal representatives, such as power of attorneys, guardians and medical treatment powers, are clearly documented in care and support plans.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account'. (HSCS 2:12)

This area for improvement was made on 18 August 2025.

Action taken since then

We observed that people's support plans contained essential legal information such as Power of Attorney (POA), Guardianship and medical treatment orders. Where this information was not available, clear written communication was available which evidenced that this information had been requested and was actively followed up to ensure that it was in place as soon as possible. This ensured that people's rights were protected, and that the right people were involved and informed about people's care and support.

This area for improvement is therefore met.

Previous area for improvement 2

In order to support people's health and wellbeing, the service should ensure that all care documentation and records are accurate, sufficiently detailed and reflect the care and support planned and provided. There should also be evidence of ongoing monitoring and evaluation of records.

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

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

This area for improvement was made on 12 February 2026.

Action taken since then

This area for improvement had been issued as a result of a recent complaint. We agreed that the service required more time to put in place measures to improve this area.

This means that this area for improvement has not been assessed and remains in place.

Previous area for improvement 3

In order to support good outcomes for people experiencing care, the service should ensure that people's concerns and complaints are logged and responded to in line with their complaints policy. This should include, but not limited to, maintaining a log of all concerns and complaints, actions taken, and feedback offered.

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

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me'. (HSCS 4.21).

This area for improvement was made on 12 February 2026.

Action taken since then

This area for improvement had been issued as a result of a recent complaint. We agreed that the service required more time to put in place measures to improve this area.

This means that this area for improvement has not been assessed and remains in place.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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