

# William Simpsons Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
6 March 2026

**Service provided by:**  
William Simpson's

**Service provider number:**  
SP2010011371

**Service no:**  
CS2010279960

## About the service

William Simpson's is a purpose-built residential care home located outside the village of Plean, and sits in seven acres of well-maintained private grounds that include a walled garden.

The main care home supports up to 64 people. Eight 'flat' style units support up to eight people. Each flat has communal living spaces and each room has en suite shower facilities. There are also communal bathrooms in the home. There is a separate building that can accommodate up to seven people, eight if the double room has a couple in it, in a large house setting, with communal kitchen and lounge facilities. In total, the home can support up to 71 people.

The service is a registered charity that specialises in offering care and support to adults and older people with long-term mental health and alcohol misuse issues.

## About the inspection

This was an unannounced inspection, which took place on 4 and 5 March. 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:

- obtained feedback from 28 people using the service and five of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

**Key messages**

- Care was delivered in a way that respected people's individuality and supported positive relationships between residents and staff.
- Improving the quality and clarity of care plans would help ensure staff have the information they need to respond consistently and support people in ways that reflect their individual needs.
- Improvements in dining experience would provide opportunities for social engagement and promote dignity, choice and independence.
- Improvement in the management of accidents and incidents as well as staff awareness of adult support and protection was needed to support positive outcomes for people.
- Improvement to environmental signage and orientation cues would help residents maintain independence and confidence in moving around the home.
- The home was welcoming, well maintained and clean.

**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 setting?	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 had a positive impact on outcomes for people and outweighed areas for improvement. However, improvement is needed to ensure care and support consistently reflects best practice and promotes positive outcomes for residents.

Residents and relatives were positive about the care and support they experienced. People described staff as kind and supportive. Residents told us:

"All staff are nice."

"Top class."

"The staff are my family."

Relatives also spoke positively about the service. One relative described the home as "very warming", while another told us, "My brother is so happy at William Simpsons, it is his home." Staff knew residents well and were able to describe people's preferences, routines and personal histories. This helped ensure care was delivered in a way that respected people's individuality and supported positive relationships between residents and staff.

The service had a dedicated engagement team who organised a range of activities and opportunities for residents. These included music therapy, horse riding, fitness sessions and community outings. Activities were planned using "getting to know me" information to ensure they reflected people's interests and preferences. However, some residents and relatives told us they would like more opportunities for outings and social activities. Survey responses indicated that more than half of residents reported feeling bored and feeling lonely at times. While the activity programme was well developed, we observed that opportunities for meaningful interaction during day-to-day care were sometimes missed. Small moments of engagement during routine care can make a significant difference to people's wellbeing.

We reviewed a sample of care plans and found that plans relating to stress and distress did not consistently provide clear guidance for staff about triggers, preventative strategies or person-centred approaches to support residents effectively. In some cases, plans focused primarily on describing behaviours rather than outlining proactive approaches that could help reduce distress. Improving the quality and clarity of these care plans will help ensure staff have the information they need to respond consistently and support people in ways that reflect their individual needs. (See Area for Improvement 1.)

We observed mealtimes during the inspection. The dining experience did not always promote positive social interaction or engagement. Staff interactions were often task-focused and there was limited conversation with residents about their food or the mealtime experience. On some occasions residents were redirected when attempting to speak with staff who were completing tasks. Mealtimes should provide opportunities for social engagement and promote dignity, choice and independence. (See Area for Improvement 2.)

Accidents and incidents were recorded electronically within the service. While records were being completed, we found limited evidence of clear management oversight, learning or analysis of trends. Documentation often focused on the impact on staff rather than identifying actions or improvements that could reduce risks for residents. During discussions with staff it was also evident that awareness of Adult Support and Protection procedures was limited. The manager advised that some senior staff had completed Adult Support and Protection training and shared information with the wider team; however, we were unable to evidence that all care staff had completed formal training. It is important that all staff understand their responsibilities in recognising and responding to safeguarding concerns to ensure people are protected from harm. (See Area for Improvement 3.)

Overall, residents benefited from kind and supportive relationships with staff and access to a varied programme of activities. However, improvement was needed to strengthen care planning for stress and distress, the dining experience, and oversight of accidents, incidents and safeguarding training. Addressing these areas would help ensure care and support consistently promote residents' wellbeing.

### Areas for improvement

1.

To improve consistency in care and support for peoples wellbeing, the provider should ensure care plans clearly identify triggers, preventative strategies and person-centred approaches to support people experiencing stress and distress.

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

1.15 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.

4.27 I experience high quality care and support because people have the necessary information and resources.

2.

To improve peoples dining experience, the provider should review the mealttime experience throughout the home to ensure it promotes dignity, choice, meaningful interaction and social engagement for residents.

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

1.35 I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.

2.8 I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.

3.

To improve consistently in care and support and promote residents' wellbeing, the provider should ensure there is robust management oversight of accidents and incidents, including clear analysis, learning and actions taken to improve outcomes for residents. The provider should also ensure that all relevant staff complete Adult Support and Protection training and that this training is clearly recorded and refreshed regularly.

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

3.20 I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

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

## How good is our setting?

### 4 - Good

We evaluated this key question as good, where strengths in the environment supported people's comfort and wellbeing, although some improvement is needed.

During the inspection, it was clear that the home was generally clean, tidy and well maintained. Individual flats and bedrooms were comfortable and mostly uncluttered, and some residents had personalised their rooms with items of importance to them, helping to create a homely environment. However, other rooms were very bland and limited in personalisation. Residents commented on the homely feel of their spaces, with one saying, "My room feels like my own space and I have everything I need."

All flats appeared very similar, and lack of signage within communal areas reduced opportunities for residents to orient themselves independently. Dining rooms, kitchen areas, and other community spaces had little identity and limited evidence of residents' input into the design, a finding supported by feedback from questionnaires. One resident described the home positively in relation to its location, stating, "It's better than where I was before, I lived in hostels."

The service employed a dedicated maintenance team and operated a rolling maintenance programme, which supported ongoing upkeep and safety. A number of improvement works were underway, including refurbishment of the café area and ensembles, with Flat 9 in the process of being upgraded. These improvements, alongside the extensive garden areas and controlled access to flats, contributed positively to residents' safety and wellbeing. The café area, social spaces, and use of the shop were noted as particularly well designed, and residents had regular access to a wide range of activities within these areas.

Infection prevention and control measures were generally well managed. Domestic staff followed cleaning schedules, PPE was available and used appropriately, and communal areas were kept clean and tidy. Some shower room flooring required repair, which could compromise infection prevention if not addressed, and several hand sanitiser dispensers were empty on the first day of inspection, although these were replenished during the visit. Laundry practices were observed to be generally effective; however, clean linen was transported through areas where soiled linen was present. Internal audits suggested good practice overall, but inspectors advised that segregation of clean and soiled linen should be strengthened to align with best practice guidance. Opportunities for residents to wash their hands before meals were not consistently offered, and staff were sometimes observed wearing gloves and aprons for extended periods, which could reduce opportunities for effective hand hygiene. The manager assured this would be addressed.

Wayfinding and orientation within the home would benefit people by supporting confidence and independence to navigate around the home. Bedroom doors included name and photo boxes, which supported orientation, but communal areas lacked signage and environmental cues. Residents with cognitive impairment may therefore experience difficulty moving around independently. Staff reported providing support where needed, but enhancements to environmental signage and cues would further promote residents' confidence and independence. (See Area for Improvement 1.)

Overall, the home was welcoming, well maintained and clean. The dedicated maintenance team and ongoing maintenance programme, along with extensive garden areas, controlled access to flats, and well-designed social spaces, supported residents' safety and comfort. Attention to wayfinding, communal area identity, and increased opportunities for residents' input into design would further enhance the environment and promote residents' independence.

## Areas for improvement

1.  
To promote independence, the provider should review current signage within the home in collaboration with residents, staff and families and devise a plan to improve environmental signage and orientation cues to help residents navigate the home more easily and promote independence.

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

5.16 The premises have been adapted, equipped and furnished to meet my needs and wishes.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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