

Annan Court Care Home Service

Watchhall
Annan
DG12 6QP

Telephone: 01461 203 040

Type of inspection:
Unannounced

Completed on:
12 March 2026

Service provided by:
Annan Court Care Home Limited

Service provider number:
SP2012011825

Service no:
CS2012308063

About the service

Annan Court care home is registered to provide a non-nursing care home service to a maximum of 33 people aged 55 years and above. The provider is Annan Court Care Home Limited (Advinia Health Care Limited).

The service is situated on the outskirts of Annan, between Dumfries and Gretna. Local amenities are within walking distance of the home. There is a car park available for visitors. The home is on ground level with accessibility throughout for people. The bedrooms have ensuite toilet and sink facilities. Two rooms have ensuite wet rooms. There are two shared shower facilities and one shared bathing facility for people to use.

A large lounge area is situated in the middle of the home with expansive panoramic views across the countryside down to the Solway Firth. There is a secure courtyard garden area for people and visitors to enjoy. The home also has a dining room, quiet lounge room and café.

At the time of the inspection 27 people were living in the home.

About the inspection

This was an unannounced follow-up inspection which took place on 11-12 March 2026 between 08:15 and 16:15 hours. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 eight people using the service and one relative
- for people unable to express their views, we observed interactions with staff and how they spent their time
- spoke with 11 staff and management
- spoke with two visiting professionals
- observed practice and daily life; and
- reviewed documents.

Key messages

- Nutritional care had strengthened, with clearer plans, better monitoring, and more consistent support that helped improve people's nutritional needs.
- Personal care was not always reliably delivered, and inconsistencies in practice and oversight meant people did not always experience care that met their preferences, or daily needs.
- Leadership and quality assurance had improved, but oversight, communication, and the use of learning to drive change still needed to be more consistent and effective.
- Staffing levels and deployment remained variable, and this continued to impact people's experiences and their ability to receive care at the right time.
- Health assessments, referrals, and care planning had progressed well, giving staff clearer guidance and improving the consistency of health-related support.
- As a result of this inspection the service had met two requirements and one area for improvement.
- We restated one requirement, one area for improvement and made two new requirements and one new area for improvement.

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

Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

We have reported on our findings under the following sections: "What the service has done to meet any requirements made at or since the last inspection" and "What the service has done to meet any areas for improvement made at or since the last inspection."

Requirements

1. By 14 June 2026, the provider must demonstrate that there is consistent and effective management in place to support better outcomes for people living in the home, and that quality assurance and improvement is well led. To do this, the provider must, at a minimum:

- a) Ensure the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service.
- b) Ensure that management presence in the service is regular, purposeful, and used to monitor the quality of care and staff practice.
- c) Take timely and effective action in response to identified concerns, with clear records of actions taken, outcomes achieved, and lessons learned.
- d) Use feedback from people living in the home, their families and staff to inform service development and strengthen the improvement plan.

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 2011/201).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed." (HSCS 4.23)

Areas for improvement

1. To support continuous staff development and safe, high quality care, the provider should ensure that staff receive regular supervision. This should include keeping clear records of any follow up actions taken in response to concerns about staff practice, including the use of reflective practice where appropriate.

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 just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

We have reported on our findings under the following sections: "What the service has done to meet any requirements made at or since the last inspection" and "What the service has done to meet any areas for improvement made at or since the last inspection."

Requirements

1. By 14 June 2026, to ensure the safety, health, dignity and wellbeing of people experiencing care, the level of staffing on each shift must be adequate to provide the assessed level of support to people at all times. To do this, the provider must, at a minimum:

- a) Ensure there are sufficient staff on duty in all departments who are competent and who are meeting the assessed needs of people using the service.
- b) Ensure staff are deployed appropriately to ensure that people receive assistance with their care needs at times that meet their needs and preferences.
- c) Evidence that assessed staffing levels have considered the layout of the building, communal areas and include feedback from people, their representatives and staff.

This is in order to comply with section 7(1)(a) & (b) and (2) 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) and "People have time to support and care for me and to speak with me." (HSCS3.16)

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

Requirements

Requirement 1

By 8 March 2026 extended from 23 November 2025, the provider must ensure that people's nutrition and hydration needs are consistently met, as outlined in their personal plans. In order to ensure that people receive the right care at the right time, and that nutritional support is delivered in a person-centred and respectful manner.

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

- a) Ensure personal plans clearly detail individual nutrition and hydration needs, preferences, and support required.
- b) Ensure that people are supported to maintain adequate fluid intake in line with their assessed needs and preferences.
- c) Maintain accurate and up-to-date care records that reflect the care provided.
- d) Monitor and review care delivery to ensure nutritional support is provided consistently and in line with people's plans.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (Personal plans) 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 experience high quality care and support that is right for me." (HSCS 1.19)

This requirement was made on 9 September 2025.

Action taken on previous requirement

Personal plans had been reviewed and updated, and the revised format provided clear information about each person's nutrition and hydration needs. A full review of nutritional risks had also been completed, which identified who required ongoing monitoring. Updated plans gave staff clearer guidance to support people safely.

People were routinely offered fluids throughout the day, and hydration stations and drink rounds were in place. Monitoring charts showed improvements in fluid intake for several people over the review period. Staff practice supported regular prompting and ensured people had access to drinks in line with their assessed needs and preferences. Although not everyone consistently met their daily target, the service had appropriate systems in place and staff supported people effectively to ensure regular encouragement and access to fluids.

Staff documented nutritional support, mealtime interactions, and hydration consistently, and gaps in recording had reduced. While some detail remained an element to be strengthened, records overall reflected the care provided and allowed staff and managers to track nutritional support more effectively. Daily huddles had taken place more regularly, strengthening communication and oversight.

People identified with weight loss had been referred to dietetic services and reviewed appropriately. This resulted in updated advice, fortified diets or supplements where required. Monitoring systems had been used to identify changes, and staff had demonstrated a better understanding of individuals' nutritional needs.

This requirement has been met.

Met - outwith timescales

Requirement 2

By 8 March 2026 extended from 23 November 2025, the provider must ensure that people consistently receive appropriate standards of personal care. This includes but is not limited to any choices and preferences for bathing or showering are respected. This is to ensure people's basic care needs are met in a way that protects their health, dignity, and human rights.

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

- a) Ensure personal care is delivered regularly and in line with each person's assessed needs and preferences.
- b) Maintain accurate and up-to-date care records that reflect the care provided.
- c) Ensure staff can identify when individuals require support with personal care and respond appropriately.
- d) Implement effective monitoring and management oversight to ensure care is not missed or delayed.

This is to comply with Regulation 4(1)(a) and 4(1)(b) (Welfare of users) and Regulation 5(1) (Personal plans) 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 experience high quality care and support that is right for me." (HSCS 1.19) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23)

This requirement was made on 9 September 2025.

Action taken on previous requirement

Most personal plans had included people's preferred bathing or showering routines, but some plans did not contain this essential information alongside their preferred frequency. Although an overall review of plans was underway, updates had not yet been completed, and this meant some people were not being supported in line with their stated preferences.

While some individuals had positive experiences when trying different bathing options, there continued to be signs that not all personal care needs had been fully met. Staff and visitors reported concerns that personal care was sometimes delayed or not completed due to staffing pressures. This affected the service's ability to reliably deliver care as often as people needed or preferred.

Recording had improved but remained inconsistent. There continued to be gaps in documentation relating to personal care, including missed entries and limited detail about whether support had been offered, accepted or refused. Records did not yet provide a reliable picture of the support provided each day.

Although many people appeared well presented and said they received help when needed, some told us that care could feel rushed. Observations had shown that a small number of people did not always appear as well supported with personal care as expected over consecutive days. Support throughout the day for personal care needs was not always consistently provided or recorded, and there was limited evidence that refusals were documented. This meant the service could not fully demonstrate that people's personal care needs were consistently recognised and addressed.

Daily huddle meetings took place more consistently when the manager was present but did not go ahead when the manager was off duty. Without consistent daily oversight, there was increased risk that personal care needs could be delayed or missed, particularly when concerns were not picked up until the following day.

This requirement has not been met, and we have agreed an extension until 14 June 2026.

Not met

Requirement 3

By 8 March 2026 extended from 23 November 2025, the provider must demonstrate that there is consistent and effective management in place to support better outcomes for people living in the home, and that quality assurance and improvement is well led.

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

- a) Ensure the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service.
- b) Ensure that management presence in the service is regular, purposeful, and used to monitor the quality of care and staff practice.
- c) Take timely and effective action in response to identified concerns, with clear records of actions taken, outcomes achieved, and lessons learned.
- d) Use feedback from people living in the home, their families and staff to inform service development.
- e) Ensure that outcomes of audits, people's views and adverse events are used to inform a service improvement plan.
- f) Review the service improvement plan regularly to ensure that actions detailed are effectively improving outcomes for people living in the home.

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 2011/201).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed." (HSCS 4.23)

This requirement was made on 9 September 2025.

Action taken on previous requirement

The service had quality assurance processes in place, including monthly audits and compliance checks, and these had begun to highlight trends in key areas such as falls, wounds, infections, and medication practices. A wider self-evaluation audit had also been completed. However, not all audits required by the service's own policy had taken place. Although quality assurance systems were being used more regularly, they did not yet demonstrate how learning was being applied to drive improvement or prevent issues from recurring.

There had been some management presence during the week from temporary managers and senior staff, but this was not consistent or clearly communicated to people living in the home, relatives or staff. Information outlining who was in charge was not reliably displayed or updated. Daily huddle meetings, which were expected to take place even when the manager was absent, had not occurred regularly. This reduced day to day oversight and meant that emerging issues were not always identified or acted upon promptly. Overall, management presence did not yet provide the consistent oversight needed to support safe, responsive care.

The service had taken some appropriate action when concerns were raised. However, some issues were not reported to management at the time they occurred, and investigations were not always initiated promptly. Notifications to professional bodies were not consistently submitted in line with guidance. Although some concerns had been addressed, the overall response system was not reliably timely, documented or learning focused.

Although meetings had taken place, there was limited evidence that the views of people living in the service, their relatives or staff had been fully gathered and used to support improvement activity. The service improvement plan had incorporated actions from inspections and external quality assurance activity, and audit outcomes were beginning to inform developments. However, further work was needed to ensure people's views and learning from adverse events were clearly reflected within the plan. Strengthening this would help demonstrate how feedback and audit findings were shaping improvements and contributing to better outcomes for people.

An improvement plan was in place and had been reviewed, with clear evidence of progress in several areas. Further development would help the plan show more explicitly how the actions taken were improving outcomes for people. Enhancing how progress and impact were recorded would support the service to demonstrate how the improvement plan was driving and sustaining positive change.

This requirement is no longer in place, and a new reworded requirement has been made under "How good is our leadership?"

Met - outwith timescales

Requirement 4

By 8 March 2026 extended from 23 November 2025, to ensure the safety, health, dignity and wellbeing of people experiencing care, the level of staffing on each shift must be adequate to provide the assessed level of support to people at all times.

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

a) Ensure there are sufficient staff on duty in all departments who are competent and who are meeting the health, physical and social support needs of people using the service.

- b) Ensure staff are deployed appropriately to ensure that people receive assistance with their care needs at times that meet their needs and preferences.
- c) Undertake a thorough evaluation of all the current needs of people who use the service and use the findings to ensure that there are sufficient staff on duty.
- d) Evidence that assessed staffing levels have considered the layout of the building, communal areas and include feedback from people, their representatives and staff.

This is in order to comply with section 7(1)(a) & (b) and (2) 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) and "People have time to support and care for me and to speak with me." (HSCS3.16)

This requirement was made on 9 September 2025.

Action taken on previous requirement

Staffing levels had been increased to better meet people's needs. However, reliance on agency staff continued during recruitment, and consistency of permanent staffing was not yet achieved.

Rotas were planned to meet assessed needs, but this was not consistently achieved. At times, shifts ran with fewer staff than required due to short notice absences. There were also ongoing concerns about agency staff confidence and capability in some key areas of practice. Reduced staffing impacted people's ability to receive care in line with their preferences.

As shifts did not always run with the planned number of staff, deployment could not always meet people's needs at the right time. Staff reported that certain aspects of care, such as support with bathing or showering, could not always be offered when requested. This meant people did not consistently receive support aligned with their individual routines and preferences.

The service understood the staffing levels required across the building and had made some progress with recruitment. However, staffing levels continued to fluctuate, and there was limited evidence that feedback from people or relatives had been used to inform staffing decisions. Observations also showed that communal areas sometimes required more oversight than was available.

This requirement is no longer in place, and a new reworded requirement has been made under "How good is our staff team?"

Met - outwith timescales

Requirement 5

Requirement made 15/10/25 following a complaints inspection.

By 8 March 2026 extended from 23 November 2025, to ensure people's health and wellbeing is well supported, the service provider must ensure detailed care plans and risk assessment are in place confirming the support people require. To achieve this, the provider must, at a minimum:

- a) Ensure appropriate referrals are made to external health professionals, with information recorded to ensure all equipment a person requires is provided with relevant risk assessments in place.
- b) Ensure appropriate follow up actions are taken and recorded, when there is a delay with assessments being carried out which negatively impacts on a person's health and wellbeing.
- c) Ensure appropriate care plans and risk assessments are in place to inform staff about the support people require, including support with catheter care.
- d) Ensure oral health is well supported with regular dental appointments and examinations recorded within an oral hygiene care plan.

To be completed by: 23 November 2025.

This is in order 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)

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 requirement was made on 15 October 2025.

Action taken on previous requirement

Referrals to external professionals had been made appropriately and recorded clearly. Records showed regular contact with health professionals such as GPs, nurses, diabetes specialists and podiatry services. Staff had up to date information on people's health needs, and there had been no new equipment requirements since the previous inspection. Where ongoing external input was needed, this had been arranged and documented, and risk assessments reflected current needs.

Follow up actions were recorded, and there was evidence that staff responded when delays in assessments or external decisions had the potential to impact on people's wellbeing. Records showed communication with health services and updates to care plans when required.

A significant number of personal plans had been reviewed and updated, and others were being progressed through a structured format change. Plans contained improved detail on people's health conditions, bowel management, and catheter care where relevant. Although some sections were still flagged for review, these were recent and not significantly overdue. Staff therefore had access to the information they needed to understand and deliver the required support.

The service had taken active steps to ensure people were registered with a dental practice, supported by the partnership, and although not everyone had been registered yet, work to achieve this was ongoing. Options for private dental arrangements were also being explored, and clear guidance had been put in place for staff to follow in the event of a dental emergency.

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 service provider should enhance the activity staffing to enable the development and provision of a range of meaningful activities to everyone throughout the home. This should also include developing links within the local community.

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 recreational, social, creative, physical and learning activities, every day, both indoors and outdoors" (HSCS 1.25) and "I can maintain and develop my interests, activities and what matters to me in the way that I like". (HSCS 2.22)

This area for improvement was made on 11 December 2024.

Action taken since then

Although some larger events had taken place such as a community café and plans for seasonal celebrations, day to day meaningful engagement had not improved. Limited dedicated activity hours and ongoing staffing pressures meant people did not consistently experience regular social or recreational opportunities in the home or community. Staff tried to record informal interactions, but overall activity provision remained inconsistent.

This area for improvement has not been met.

Previous area for improvement 2

The provider should continue to implement and develop staff supervision to ensure that staff are supported, motivated and helped to develop their skills and knowledge. This should include reflecting on practice and professional registration requirements including recognising learning and development opportunities.

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 area for improvement was made on 11 December 2024.

Action taken since then

The service had introduced a supervision planner. However, regular staff supervision in line with the services policy had not taken place due to the absence of a permanent manager and competing priorities to meet people's health needs. Staff meetings had provided some opportunity for discussion, but this did not replace individual supervision.

This area for improvement is no longer in place. A new reworded area for improvement has been made under "How good is our leadership?"

Previous area for improvement 3

Area for improvement made 15/10/25 following a complaints inspection.

The provider should have in place records to confirm any follow up actions taken in response to concerns about staff practice. Where appropriate, this should include the use of reflective practice records, to ensure continuous staff development and learning.

This is to ensure care and support is consistent with Health and Social Care Standard 3.21: "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm".

This area for improvement was made on 15 October 2026.

Action taken since then

There was some evidence that concerns about staff practice had been identified and addressed when required. However, there was no corresponding evidence of reflective practice or learning opportunities being recorded for permanent staff. This meant the service could not demonstrate how staff were supported to reflect on practice concerns, learn from them, or embed improvements in day-to-day care.

This area for improvement is no longer in place. A new reworded area for improvement has been made under "How good is our leadership?"

Previous area for improvement 4

The provider should further develop the consistency and quality of the content within personal plans, ensuring that all staff have access to and understand the information regarding the individual support needs of the people they care for. Personal plans should be developed and evidence consultation with each individual and their representatives, to reflect a responsive, person-centred approach that takes account of individuals' choices and preferences.

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

This area for improvement was made on 23 December 2025.

Action taken since then

Personal plans had been developed to a consistently good standard, with improved detail on people's individual support needs, choices and preferences. Staff had access to up to date information and plans demonstrated consultation with individuals and their representatives. This supported a responsive and person-centred approach to planning care.

This area for improvement has been met.

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 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

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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