

Grandholm Care Home Care Home Service

Grandholm Drive
Bridge of Don
AB22 8AE

Telephone: 01224 708 712

Type of inspection:
Unannounced

Completed on:
25 March 2026

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379125

About the service

Grandholm Care Home is a home for older people. They are registered to provide support to 79 people over the age of 65 years. This includes a maximum of four places for those 50 years and over.

The home is a three-storey purpose-built home located in a quiet residential area within the city of Aberdeen. All bedrooms have en-suite toilets and shower rooms and there are communal dining and lounge areas on each floor. The home has a small, enclosed garden that can be accessed via the ground floor.

At the time of the inspection 73 people were being supported by the service.

About the inspection

This was an unannounced follow up inspection which took place on 18 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke to people using the service
- spoke to twelve family members
- spoke with members of staff and the management team
- observed practice and daily life
- reviewed documents.

Key messages

- People and their families were happy with the care that was provided.
- The service had made some improvements since a recent complaint however further work was required to ensure quality assurance processes were robust and that personal plans contained sufficient and personalised information.
- The service had made improvements in relation to activities and meaningful engagement which meant that people had more opportunities to participate in activities that reflected their interests and preferences.
- The home had benefited from some recent redecoration and refurbishment work, and there were plans for further improvements in other areas.

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

Requirements

Requirement 1

The requirement was a result of a complaint.

By 31 October 2025, the provider must demonstrate that people benefit from a culture of continuous improvement, supported by robust and transparent quality-assurance processes.

- a) Ensure the implementation of a service improvement plan with clear performance indicators. Use it as a dynamic tool to promote measurable improvements in medication management, care planning, and end-of-life care. It should support anticipatory planning that aligns with individual wishes, clinical needs, and family involvement, all while guaranteeing dignity, comfort, and continuity of care.
- b) Implement structured audits across key domains, including medication management; care planning; palliative and end-of-life plans; staff training and competence.
- c) Strengthen oversight of staff practice through daily leader-led walkarounds and monitoring, with a clear focus on people's experiences, outcomes and the accuracy of information exchanged between shifts.
- d) Deliver tailored training programmes that empower managers and staff to take ownership of clinical oversight and care documentation, fostering confidence, accountability, and continuous improvement in practice.
- e) Establish a formal mechanism to record, share and embed lessons learned from complaints, incidents and audits, and to track the impact of these improvements in reducing recurrence.

This is in order to comply with:

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

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This requirement was made on 19 June 2025.

Action taken on previous requirement

The service has made some progress, however quality assurance processes remain inconsistent. The improvement plan required further development to ensure it was more meaningful and measurable. Whilst some audits were taking place, key areas such as personal plans had not been recently audited which meant it was not clear whether care documentation was accurate or up to date. Learning from complaints had not

been fully embedded.

Oversight through daily walkarounds had improved, and training compliance had also increased. However further work was required to demonstrate sustained, measurable improvement across personal planning, medication management and end of life care.

This requirement has not been met and we have agreed an extension until 20 May 2026.

Not met

Requirement 2

The requirement was a result of a complaint.

By 31st October 2025, the provider must ensure that all care and support documentation is accurate, up to date and reflects people's current needs, preferences, and legal rights. This is to ensure that care is safe, person-centred, and responsive to change.

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

- a) Regularly review and evaluate personal plans, particularly following any changes in people's health or wellbeing, to ensure they remain accurate and relevant.
- b) Improve the quality and consistency of daily recordings, including repositioning charts, oral care, nutrition, clinical recordings, continence care, and medication administration, ensuring they are complete, accurate and reflective of the care provided.
- c) Ensure that future care planning, including end-of-life support, is developed in partnership with individuals, families and professionals and clearly records people's wishes about treatment and preferred place of care.
- d) Ensure that all documentation relating to legal authority and capacity is complete, accessible and used to inform care planning and decision-making.
- e) Ensure that risk assessments are completed promptly when people begin using the service, or when their needs change, and that these are regularly reviewed and used to inform safe and appropriate care planning.

This is in order to comply with:

Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

Regulation 5(2)(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This requirement was made on 19 June 2025.

Action taken on previous requirement

Care and support documentation remained inconsistent and was not being reliably maintained. Several personal plans did not provide sufficient guidance for staff to deliver person centred care, lacked evidence of

routine auditing, and showed limited managerial oversight.

Risk assessments were being updated, however personal plans continued to require improvement to ensure they accurately reflected current care needs, associated risks and any changes in people's needs. Although daily recordings had improved, the quality of entries remained variable.

Anticipatory Care Plans were being updated in consultation with families but they lacked sufficient detail about individual's personal wishes, and there was no system in place to track review dates. Documentation relating to legal authority and capacity had improved, however overall personal planning did not consistently align with assessed needs, identified risks, or current interventions.

This requirement has not been met and we have agreed an extension until 20 May 2026.

Not met

Requirement 3

By 28 February 2026, the provider must ensure that people's physical and mental wellbeing is promoted through meaningful interaction, connection and stimulation.

To do this, the provider must at a minimum:

- a) ensure that people are consulted about activities and how they spend their day, and that these are recorded and evaluated in a person-centred way in their personal plan
- b) ensure staff are supported and directed to provide meaningful engagement throughout the day
- c) improve activity planning and the provision of activities
- d) provide staff with guidance about meaningful engagement and how to engage with people effectively
- e) regularly evaluate activities to ensure that people enjoy them and they benefit their wellbeing.

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).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) and '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).

This requirement was made on 27 November 2025.

Action taken on previous requirement

Two activity coordinators were now in post, which had improved the planning of and delivery of both group and 1:1 activities. People and families spoke positively about the activities offered, and there was a monthly timetable which included live entertainment and a weekly drop in café for people and their families.

The activity coordinators had met with people to get to know their interests and had developed personalised activity books. Regular surveys and monthly activity meetings helped gather people's views.

Plans were in place to extend activity provision across the week. Meaningful engagement was being supported by all staff, with daily allocation sheets identifying responsible staff members. Some staff had

completed meaningful engagement training, and additional resources, such as an activity trolley were being looked into.

Overall, the service had implemented effective systems to improve activity planning, meaningful engagement, and evaluation.

This requirement has been met.

Met - within 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

To promote a culture of continuous improvement the provider should ensure that all incidents and accidents are clearly reported, recorded and notified to relevant bodies, in line with relevant guidance.

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

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

and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 27 November 2025.

Action taken since then

An up to date accident and incident procedure was in place and records were being maintained appropriately. Notifications were made in line with organisational procedures and relevant guidance, and documentation was completed to a good standard.

Daily flash meetings ensured accidents and incidents were discussed promptly and a member of the management team signed off all forms. Senior managers also received weekly reports to maintain oversight. Since the last inspection, the manager had also arranged refresher adult support and protection training for nurses and senior staff.

This area for improvement has been met.

Previous area for improvement 2

To promote positive outcomes for people, the provider should ensure that people have safe, independent access to outdoor spaces and that they are supported to engage with the wider community.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6)

and

'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).

This area for improvement was made on 27 November 2025.

Action taken since then

There had been positive progress towards improving people's safe access to outdoor spaces and the wider community. Activity coordinators shared plans to develop the garden area and a meeting had taken place with people living in the home where they expressed enthusiasm about spending more time outdoors. This demonstrated that people's views were being sought and used to influence activity planning.

The service was considering ways to improve the safety and accessibility of the garden and the door alarm had recently been repaired to support safer access.

Steps had also been taken to increase community involvement, with some people recently visiting a local community centre and further outings planned.

Whilst these actions showed positive steps towards improvement, this area for improvement had not been fully met and will be reviewed again at the next inspection.

This area for improvement has not been met.

Complaints

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

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