

Tor Na Dee Care Centre Care Home Service

Tor Na Dee Care Centre
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Telephone: 01224 863736

Type of inspection:
Unannounced

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11 March 2026

Service provided by:
Care UK Care Services Limited

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CS2026000095

About the service

Tor Na Dee Care Centre is a care home for older people situated in the residential area of Milltimber which sits approximately six miles west of Aberdeen. It is close to local transport links, shops, and community services. The service provides nursing and residential care for up to 75 people and there were 66 people living there at the time of inspection.

Accommodation is arranged over two floors, in single bedrooms with en suite bathroom facilities. There are a variety of communal areas, including lounges and dining facilities, where people can spend their time. The service also has accessible enclosed garden spaces where people relax and enjoy activities.

About the inspection

This was an unannounced inspection which took place on 4 and 5 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 20 people using the service and 10 of their family
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Leaders need to improve oversight of some areas of service functions.
- People and their families were fully involved in planning their support.
- Staff were good at developing meaningful relationships with people.
- The service needs to improve meaningful engagement for people being cared for in their rooms.
- People were supported to remain connected to their communities.
- Staff should improve person-centred recording.

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?	4 - Good
How good is our staff team?	4 - Good
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 health outcomes for people. The strengths will have a positive impact on people's experiences and outcomes. However, improvements are necessary to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

People had received holistic assessments which had supported in directing care in line with their identified needs. When we spoke with people and their families, they told us that they had been involved in decisions about healthcare and said that they felt listened to.

Staff knew people well, recognising changes in presentation which may indicate a decline in health. The service had developed good links with the local GP practice, maintaining high levels of contact with them and following advice and guidance provided which supported better health outcomes for people.

The service used recognised tools to assess people's health status and track any deterioration. For example, 'Restore 2' which helped staff respond to early signs of illness, and also the malnutrition universal screening tool (MUST) which helped identify where people may be at risk of malnutrition. People's weights were tracked and their diets adjusted where concerns were identified.

People told us that, on the whole, the food was good. They were able to choose from a range of healthy meals and, where they did not like what was on the menu, alternatives were made available. People were able to choose from a range of fluids and we saw staff prompt and encourage people to drink throughout the day to ensure that fluid and nutrition targets were achieved.

Mealtimes were not rushed, people were able to eat at a speed that was comfortable to them. Some people had to wait a long time for support to eat and this was often interrupted due to competing demands on staff at mealtimes (see area for improvement 1).

There were a range of activities to choose from. A variety of group activities and events were planned throughout the week and some people enjoyed one-to-one engagements. There were activities that encouraged and promoted movement and exercise. However, people who chose to remain in their rooms or were cared for in their rooms received few engagements outwith activities that were related to personal care (see area for improvement 2).

Work to involve the community in the care home was a focus. Information events with charities, such as Quarriers and Chest Heart and Stroke Scotland, had taken place and a community café event was run on a monthly basis. Some people enjoyed outings to local shops and services using the service's minibus which it shared with another of the group's homes.

Where people were at risk of falls, appropriate assessments and risk assessments had been completed with measures taken to reduce risk. We saw staff remind people to take their time and to use walking aids, where necessary, as they mobilised through the home.

Stress and distress was managed well. Staff were aware of what might be a stress trigger for individuals and what strategies were in place to manage incidences. This contributed positively to people experiencing better emotional outcomes.

Management of medication followed best practice guidelines. People received their medication in the way that they liked and in line with the prescriber's intention.

Staff were good at discussing people's future care needs. Namaste care assessments and plans were in place for those who needed or wished for this, and one family told us that they had received training from staff to be able to deliver this service to their loved one. Namaste care improved the quality of life for people with advanced dementia or those nearing the end of life.

Areas for improvement

1.
To promote respectful and dignified mealtime support for people experiencing care, the provider should ensure that people who need support to eat and drink receive this in good time and that support is uninterrupted.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34); and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

2. To promote the mental and physical health of people experiencing care, the provider should ensure that where people choose to stay in their rooms or are wholly cared for in their rooms, they receive regular meaningful engagement and contacts throughout the day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'People have time to support and care for me and speak with me' (HSCS 3.16).

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people. The strengths will have a positive impact on people's experiences and outcomes. However, improvements are necessary to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

The provider has a suite of quality assurance audits and tasks which cover all relevant areas of performance. However, these had failed to identify some of the issues found at inspection.

Some areas for improvement that had been identified through audit were being monitored through the service improvement plan. However, further development was needed to reflect information from feedback from people experiencing care, for example from questionnaires and resident and relative meetings.

Staff in the service appeared to be improvement-focussed and demonstrated a desire to ensure good outcomes for people. However, they were not aware of what key improvements the service was working toward. It is important that leaders regularly share improvement information with staff to ensure a more robust and dynamic approach to service development (see area for improvement 1).

Leaders' oversight of maintenance and safety certification was limited, with much of the information being held electronically and not easily accessible to them. This was rectified during the inspection.

There were conflicting reports about the visibility and accessibility of leaders. Some people told us that they had seldom seen leaders in the main body of the service, while others reported that leaders were sometimes seen in communal areas engaging with people experiencing care. It is important to improve oversight of the function of the service that leaders regularly complete walk rounds of the service and engage with those experiencing care and support.

There were systems and processes in place for managing and investigating incidents and complaints. Leaders kept records of these and 'lessons learned' discussions took place with staff. This contributed positively to reducing the likelihood of recurrence of events which may cause poor outcomes for people experiencing care.

Areas for improvement

1. To promote people's confidence in the service, the provider should ensure that quality assurance processes are embedded and are effective in identifying and promoting outcome-focused care. The processes should be responsive to improving the outcomes for service users, actively drive good practice and standards, and include other stakeholders in the processes.

This is to ensure that 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).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people. The strengths will have a positive impact on people's experiences and outcomes. However, improvements are necessary to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

Information from people's needs assessments and personal plans helped inform staffing arrangements. We saw that regular dependency assessments were being completed and care reviews detailed where people's needs had increased.

We received positive feedback from people and their representatives about staff. They told us how having set staff groups in the units had impacted care positively. People told us that staff were friendly and knowledgeable about their loved one and that they were greeted by name when they visited.

Staff were visible in communal areas, improving supervision and availability for people experiencing care. However, from our observations we saw that where people preferred to stay in their rooms, or required to be cared for in their room, there were extended periods of time where they received no meaningful engagement from staff (see area for improvement 2 in 'How well do we support people's wellbeing?').

Staff breaks were planned in a way that would least impact people's care routine, ensuring that all staff were available at peak times of activity.

Overall, call bells were answered quickly and we did not hear people shouting out for assistance. There were occasions where response times were slower, for example after lunch when lots of people needed staff support at the same time. However, people did not experience distress.

New staff received a good induction and ongoing support. When we spoke with new staff they told us that they had been well supported and felt well equipped to provide care and support due to the level of training and shadowing opportunities provided.

Staff training and development plans reflected the needs of the people being supported. Staff were able to engage in both e-learning and in-person classroom training and the organisation was supportive of different learning styles. Staff received regular supervision and the provider had policies and procedures to support staff wellbeing.

During a mealtime observation we saw that some people were not supported appropriately to complete hand hygiene prior to eating and we received feedback that people were not always supported to wash their hands after using the bathroom. During the inspection we saw that some staff were not compliant with best practice guidance and were seen to be wearing nail products. It is important to reduce the spread of infection that staff are complaint with infection prevention and control procedures (see area for improvement 1).

During the inspection we found excessive amounts of soiled and regular linen waiting to be processed. Laundry staff were working very hard to complete allocated tasks. All washing machines and tumble driers were operational and given the length of the cycle required for optimum infection control, it was difficult to see how safe working practices would be maintained in the time available. We discussed this with the provider during inspection who advised that the system was under review. We will follow this up at our next inspection.

Areas for improvement

1. In order to ensure that people and the environment are protected from cross-infection, the provider should ensure that staff are aware of, and practice in line with, the 'Care Home National Infection Prevention and Control Manual'.

In particular, this should include but is not limited to, hand hygiene.

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 setting?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people. The strengths will have a positive impact on people's experiences and outcomes. However, improvements are necessary to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

Overall, the environment looked clean and tidy and was free from intrusive noises and smells. Care equipment was cleaned and maintained effectively, however some food and fluid residue was seen on dining tables and chairs. This can increase the risk of the development and spread of harmful bacteria.

The environment, including fixtures and furnishings, was showing signs of wear and tear in many areas. Some bedroom doors did not close properly or were difficult to close and we identified at least one door where the handle was very loose. The door frame to another room had experienced extensive damage from the use of care equipment and no remedial work had taken place.

The provider had plans to improve the environment, however at the time of our inspection little information had been made available to leaders in the service about when the work would commence, making it difficult to plan contingencies appropriately. The service is also required to formally notify the Care Inspectorate of planned changes to the premises at least three months before changes commence. This had not been completed at the time of inspection.

While there was evidence to support that the service had engaged with people to gather feedback about changes to the environment, they had not received regular updates about progress or predicted time frames for completion. Some families were concerned that the home was losing its "homely" feel and two people commented that it felt "corporate" (see area for improvement 1).

People's bedrooms were spacious and they had access to en suite toilet and handwash facilities. Bedrooms were personalised and people felt more at home with meaningful objects surrounding them.

Some improvement was necessary to ensure best practice guidance was followed with regard to the environment supporting people with cognitive decline. We suggested during the inspection that the provider revisit guidance. While the level of lighting in corridors and communal spaces was good, lights in bathrooms and bedrooms were always switched off. This can cause confusion or increase risk for people with visual and cognitive decline. Where the provider supplied people's bedding, this was all white, giving a clinical feel.

People were able to choose where to spend their time. There were a variety of communal areas and wide corridors with places for people to rest as they moved through the building. While there are safe and secure outside spaces, we did not see anyone being supported to use this. However, people told us that they were able to sit outside in the summer. It is important that people are able to regularly spend time outside, even during colder weather, with appropriate clothing, if this is what they would like to do.

One of the communal areas had been cleared in preparation for the refurbishment and had lain empty for three months. This had resulted in a limitation of where people could sit or take their visitors and people were not clear what was to happen with the area.

Staff were vigilant to risks that may be presented by the environment and were able to demonstrate how to manage, report, and resolve issues.

The service benefited from on-site maintenance personnel. There were systems and processes in place for reporting concerns and repairs. Staff were aware of their responsibilities for reporting this and ensuring good health and safety practice.

Regular health and safety checks were being completed and relevant safety certification was completed. Leaders did not demonstrate good oversight of what was required and there was difficulty in accessing the information initially. This was rectified during the inspection.

Areas for improvement

1. To promote people's confidence in the organisation providing their care and support, the provider should regularly engage with and communicate information to people experiencing care, and/or their representatives, about changes in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

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. The strengths will have a positive impact on people's experiences and outcomes. However, improvements are necessary to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

The provider used an electronic system for managing and recording people's care but paper copies of plans were also available. Plans were only available to people upon request. The provider should consider how people will be able to easily access plans and in a format that is meaningful to them.

The service regularly engaged with people and their representatives to ensure that their views were taken into account when developing and reviewing personal plans. Families told us that they were regularly updated about changes in their loved ones' needs and about any treatment that they were receiving from external professionals, for example the GP.

Personal plans contained an assessment of need and information about the care and support to be provided. Overall, we saw that people were receiving care as detailed in their plans.

Improvement was needed to ensure the quality and consistency of information and record keeping in different units across the service. Some plans were more person-centred than others and some lacked detail about people's experiences throughout the day. Staff often did not record tasks they had completed or some of the positive engagements that people experienced throughout the day.

Personal plans and risk assessments should better reflect people's goals and aspirations and provide a more strengths-based approach. This would demonstrate how people could be supported to maintain their skills and independence (see area for improvement 1).

Where people were subject to legal frameworks to support decision making, the service was good at including information about this in people's plans. There were details about people's representatives for information sharing and documentation detailing the delegation of powers. Not all plans contained copies of relevant certification, however this was addressed during the inspection.

When we spoke with staff they were able to give a good account of people's needs and the best way to successfully support them. It is important that this information is captured and detailed in people's plans so that all staff are working in the same way to better achieve people's personal outcomes.

Areas for improvement

1. To promote people's rights and to ensure that they experience high quality care and support, the provider should ensure that personal plans and risk assessments are written in a strengths-based way, that they reflect people's goals and aspirations, and detail how people's skills and independence will be supported.

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 '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).

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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