

# Abbey Care Services Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
19 March 2026

**Service provided by:**  
Abbey Care Services

**Service provider number:**  
SP2006008253

**Service no:**  
CS2005111262

## About the service

Abbey Care Services is registered with the Care Inspectorate as a support service - care at home, to provide support and care to people in their own homes.

The service is based in Kirriemuir and operates over a large geographical area in Angus. The service is available to people from age 16, up to and including older people.

## About the inspection

This was an unannounced inspection which took place on 16 and 17 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 eight people using the service and eight of their family members
- spoke with staff and management
- observed practice and reviewed documents
- spoke with visiting professionals

**Key messages**

People benefited from reliable and committed staff who knew them well.

The service responded quickly and appropriately when people's needs changed.

Staff were warm, committed and genuinely passionate about the care they provided.

A requirement relating to falls management had been met, resulting in safer and more consistent care for people at risk of falling.

An area for improvement about complaints handling had been met, resulting in clearer systems and better outcomes for people raising concerns.

Leaders demonstrated a commitment to continuous improvement.

Leaders demonstrated a highly responsive approach to staff wellbeing.

People's health, wellbeing and day to day care were supported by detailed, person centred care planning.

**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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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

## How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People told us they benefited from reliable and committed staff who knew them well. Consistency of care was particularly important for people living with dementia, and one relative explained, "It's really important we get the same carers as my loved one needs consistency to feel safe." We saw that this was supported through how visits were planned. People described positive and trusting relationships with staff, saying, "Staff take their time with me and know what I need." Another person told us, "Staff will let me do things myself and that is important to me, they are there if I need them."

People spoke warmly about the quality of interactions, with one person sharing, "We have a great laugh and banter with each other." These comments reflected strong relationships, compassionate communication and a staff team who actively promoted dignity, choice and independence in everyday care.

A robust alert system was in place which allowed staff working in the community to notify the leadership team immediately if an incident occurred or if they had any concerns about a person's wellbeing. This ensured managers could respond quickly, offer guidance and put the right support in place without delay. People also spoke very positively about the on call system. One person who lived alone told us, "knowing they are there helps me to feel safe." This responsiveness contributed to people feeling protected, reassured and confident they would receive help when needed.

People's health and wellbeing benefited from detailed, person centred care planning. Personal plans included strong "About Me" information, clear daily routines and meaningful descriptions of people's needs, wishes and preferences. Risk assessments were thorough and linked directly to the care being delivered. Staff had clear information about people's moving and handling needs, current care arrangements and triggers for distress. This was essential where such episodes could increase the risk of falls. Falls risk assessments were robust and well used by staff, supporting early identification of concerns and helping prevent avoidable harm. We followed up on a requirement made from an upheld complaint, relating to falls management. We found this had been met. Further details are included under 'What the service has done to meet any requirements we made at or since the last inspection'.

The service responded quickly when people's needs changed. Having an in house moving and handling trainer who also completed risk assessments meant care plans could be updated immediately, without waiting for external professionals. This ensured information was current and that staff had accurate guidance to support safe and consistent care. For people with palliative care needs, staff worked longer days to ensure care was put in place as soon as possible. This demonstrated compassion and a strong commitment to people's comfort, dignity and wellbeing during critical times.

People were also supported to remain informed and engaged. The service produced a monthly newsletter featuring "Your Voice Matters," community events and service updates. People told us this helped them feel connected and included.

## How good is our leadership?

## 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Leaders in the service were visible, approachable and available when staff and people needed them. Staff consistently told us they felt well supported and valued, describing the management team as passionate about delivering high quality care. The leadership team was established, and staff spoke with confidence about their experience, knowledge and commitment. One staff member told us, "The office is the hub of the service, we can come here for support whenever we need it. Someone is always here to lend a listening ear." This reflected a strong open door culture and a leadership approach that was accessible and supportive.

There was a wide range of audits in place, supported by an audit planner which ensured key quality assurance tasks were carried out within expected timescales. Audits covered areas such as professional registration, training compliance, spot checks, supervision and appraisal, moving and handling practice, and communication. Leaders used this information effectively to identify gaps, support staff development and maintain safe practice. As a result, we were confident that the service had strong oversight of staff competence and that people experienced safer and more consistent care.

Leaders had also taken steps to strengthen safety and risk management. Staff name badges had been updated to include expiry dates, helping ensure identification remained current and supporting people's safety. Accidents and incidents were well managed, and a new alert system meant staff working in the community could notify the leadership team immediately if they had concerns about a person's wellbeing. This improved the speed at which risks were recognised and reviewed.

Complaints were well managed, and this area had been strengthened. Even when concerns were not upheld, learning was identified and implemented. This reflected a positive learning culture and a clear drive for ongoing development. We followed up on an area for improvement made from an upheld complaint relating to complaint handling. This was met and further detail is included under 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

People told us the service was responsive when concerns were raised and that issues were dealt with quickly and appropriately. An external professional told us, "I always get a very quick response and it makes people's lives better." A person experiencing care said, "I've never had any complaints or concerns, but all of the staff are so approachable and I wouldn't hesitate if I needed to." Another person shared, "The staff are brilliant, they even sent someone round outside of my usual visits. It helps me to feel safe." These comments reflected a leadership team that was proactive, solution focused and committed to ensuring people received safe and effective care.

Communication across the service had been strengthened. A new digital platform allowed staff to pass handover information directly to the leadership team. This strengthened oversight, helped managers identify pressure points quickly and ensured risks were managed proactively. Staff told us these improvements helped them feel more confident that people were receiving the right care at the right time.

Leaders also demonstrated a commitment to continuous improvement. The service's improvement plan was aligned to the Care Inspectorate's key questions and reviewed quarterly. This helped leaders stay focused on areas that directly impacted the quality of care and ensured actions were monitored effectively.

## How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff were warm, committed and genuinely passionate about the care they provided. Throughout the inspection, we observed a team who spoke with pride about their work and who were clearly motivated by wanting to make a positive difference to people's lives. Staff described Abbey Care Services as "a family," and this sense of belonging and mutual support was evident in the way they communicated with each other and approached challenges. They told us they felt valued, listened to and well supported by their colleagues and the leadership team. This strong team culture promoted safe practice, effective communication and high quality care.

The service consistently had the right number of staff, with the right skills, at the right times. This enabled people to receive care without staff rushing and ensured that meaningful conversations and compassionate interactions could take place. People told us this helped them feel understood and supported.

There were clear opportunities for staff to progress within the service. Staff spoke positively about the career pathway, and one staff member told us, "I am growing and developing here." Others confirmed they were being supported to complete relevant qualifications. This investment in staff learning contributed to a motivated and confident workforce and helped ensure people were supported by staff with the right knowledge and skills. Staff told us this made them feel valued and increased their commitment to the service.

Recruitment checks were carried out in line with safer recruitment guidance, and the provider had strengthened oversight through improved auditing. New processes required managerial sign off, supporting accountability and reducing the risk of missed checks. Staffing levels were stable, and a recently introduced absence monitoring audit allowed managers to identify when staff required additional support. Staff told us this helped them feel more supported and contributed to consistent care for people.

Staffing was proactively assessed and well planned. Leaders considered how well staff matched each person's needs, people's preferences and the importance of continuity when organising rotas. We observed people being offered a say in who supported them, and staff upheld these choices respectfully.

The service introduced a capacity monitoring system which compared the hours required for each person with the hours available from staff. This improved oversight of staffing ratios, helped leaders identify pressure points and supported efficient scheduling. Leaders acknowledged that numbers alone did not reflect real life delays, but the system allowed them to respond quickly when issues arose. This supported safe staffing and helped ensure people received their care at the right time.

Leaders demonstrated a highly responsive approach to staff wellbeing. A tailored session on death and dying was arranged to support staff with the emotional aspects of their role and strengthen their confidence when providing end of life care. Staff told us this helped them feel more prepared, supported and able to respond sensitively during difficult times. Additional wellbeing support was also offered during challenging periods, including opportunities for staff to go home early and access extra one to one support. Staff described these gestures as meaningful and reflective of a leadership team that genuinely cared.

Enhanced rates were available for covering additional shifts, which supported safe staffing during busy periods. Spot checks were used in a supportive way to reinforce good practice and identify learning needs.

Staff spoke positively about the opportunities they had to learn and develop, and told us leaders were proactive in supporting their professional growth.

## How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People's health, wellbeing and day to day care were supported by detailed, person centred care planning and a proactive approach to reviewing and updating information. Personal plans included strong "About Me" sections, clear descriptions of people's routines and preferences, and meaningful information about their current care arrangements. Staff told us these plans gave them a helpful overview at a glance, which supported consistent practice and ensured people received care aligned to their wishes.

Risk assessments were comprehensive, up to date and directly linked to people's needs. Moving and handling assessments were detailed and regularly reviewed. There was clear information about triggers for distress which was particularly important where these episodes had previously contributed to falls. Falls risk assessments were well completed and helped staff understand how to minimise avoidable harm.

A strength of the service was the use of an in house moving and handling trainer who also completed risk assessments. This meant that when people's needs changed, assessments and updates to personal plans could be completed immediately rather than waiting for external professionals. This ensured that plans remained current and that staff had accurate guidance to support safe and effective care at all times.

People's reviews were up to date, and the service had a robust audit system in place to ensure these were carried out within expected timescales. People and their families told us their care was planned and delivered in line with their preferences, and that reviews were meaningful and inclusive. This supported person centred care and helped ensure that changes in needs were identified promptly and responded to without delay.

We also heard strong examples of the service's responsiveness. For people with palliative care needs, staff were willing to work longer days to ensure care plans were completed and care arrangements were put in place as quickly as possible. This demonstrated compassion and a firm commitment to meeting people's needs at critical times. It also ensured that those requiring urgent or end of life care did not experience delays or gaps in support. Families told us this made a significant difference to people's comfort, dignity and overall experience.

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

### Requirements

#### Requirement 1

By 1 April 2025 the provider must make proper provision for the health, welfare and safety for people using the service.

In particular, the provider must:

- a) Ensure that all staff have a full awareness of the risk of individual service user's falling.
- b) Ensure that all staff have a full awareness of the fall prevention measures required to keep individual's safe.
- c) Ensure that all staff, at all times work in accordance with the care plan.
- d) Ensure that all staff have awareness of post fall actions, including access to other healthcare professionals and emergency services.
- e) Ensure the full and thorough investigation of falls to ensure preventative measures are appropriate and the risk is reduced. This must include a review of the risk assessment and care plan.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

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 13 December 2024.**

#### Action taken on previous requirement

The provider had made clear improvements since this requirement was made. Care plan layouts had been redesigned to include a care-plan summary at the front of each plan, giving staff quick access to essential information. Staff told us this had improved their practice and made it easier to follow the correct guidance around mobility and falls. We observed that key information about people's mobility, fall risks and fall prevention strategies was being shared effectively within the staff team, and that appropriate actions were taken to reduce the risk of falls.

Leaders also demonstrated strong learning and improvement. They had identified gaps in their ability to evidence staff arrival times and inconsistencies in visit records. In response, a new electronic monitoring system was introduced, enabling managers to review attendance in real time, address issues promptly and improve the safety of lone working. Staff received clear reminders about the importance of accurate recording, which reinforced expectations and accountability.

Staff now had access to care plans on their mobile phones, allowing them to view up-to-date information and report concerns instantly while working in the community. This supported timely decision-making and ensured staff consistently worked in accordance with current care plans. We also saw strengthened post-fall procedures, including clear guidance on when to contact healthcare professionals or emergency services.

Information relating to follow-up care, investigations and any changes to people's support was now consistently recorded in care plans. This improved the audit trail and ensured risk assessments and personal plans were updated appropriately after any fall.

**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

In order to ensure service users experience a service with a culture of continuous improvement with a robust and transparent quality assurance process, the service should review and make improvements to complaints handling. This should include a review of the complaints handling policy and procedure to ensure transparency and improve information sharing.

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.

**This area for improvement was made on 13 December 2024.**

#### Action taken since then

The service had made clear improvements to its complaints' handling processes. A new complaints audit and tracking system had been introduced, which helped leaders monitor timescales, ensure responses were completed on time, and maintain a transparent record of each stage of the process. We reviewed one complaint during the inspection and found that the response was robust, clear and demonstrated meaningful learning. This showed that the provider had strengthened its approach and was committed to continuous improvement.

A complaints app had also been introduced for staff. This allowed concerns to be recorded discreetly and immediately while staff were in people's homes, with information sent directly to the manager. This improved accessibility supported people to raise concerns more easily and ensured that issues could be dealt with promptly. These developments reflected a stronger culture of openness and enhanced information-sharing across the service.

This area for improvement has been met.

## Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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