

Prestige Nursing and Care - Dundee Support Service

Unit 4
Prospect 3
Gemini Crescent, Dundee Technology Park
Dundee
DD2 1SW

Telephone: 01382 561 842

Type of inspection:
Unannounced

Completed on:
9 March 2026

Service provided by:
Prestige Nursing (Scotland) Limited

Service provider number:
SP2003002515

Service no:
CS2017355087

About the service

Prestige Nursing and Care - Dundee is registered as a support service to provide care at home in Dundee. The hours of delivery provided by the service vary in relation to people's personal outcomes. The service provides visiting care and respite care, providing support with personal care, shopping, light housework and support to manage medication.

During the inspection, the service was supporting 87 people and delivering around 1200 hours of care and support per week.

About the inspection

This was an unannounced which took place on 2, 3 and 4 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 8 people using the service and 1 of their family/friends/representatives
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents and surveys from 6 staff, 4 people using the service and 4 family members
- spoke with visiting professionals.

Key messages

- People told us that the service was reliable and they were generally happy with their care and support but they didn't know who was coming to support them.
- Staff said they felt supported and had access to the training they needed for their job.
- The service must ensure that care plans are updated when people's needs change to ensure that people receive the right care and support for them.
- The service must ensure that people are involved in reviews of their care and that reviews are held within timescales.
- Quality assurance must improve to ensure there is effective oversight of care and safe administration of medication.
- The service must make relevant notifications to the Care Inspectorate in accordance with our guidance.

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?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

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 made an evaluation of good for this key question, as several strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People told us they were generally happy with the care provided and felt well supported. They described staff as kind, respectful and compassionate. People had formed positive, trusting relationships with the staff who cared for them. During the inspection, we observed warm and considerate interactions with staff promoting dignity, choice and wellbeing.

However, several people told us they did not always know which staff member would be coming to support them. This lack of consistency impacted how safe and comfortable some people felt. One person said: "I really like my usual staff but I find it difficult when it's staff I don't know. I don't want personal care with someone I don't know." Another told us: "I can always rely on someone coming when they should, although I don't really know who it will be." Despite this, people remained confident that support would be delivered as scheduled.

People were supported to make choices about their daily routines and staff respected their preferences. Where appropriate, individuals were enabled to retain as much control as possible over aspects of their care including their medication and personal routines.

During the inspection, we identified some concerns in relation to medication documentation. These issues did not result in harm but increased the risk of errors. A requirement has been made under the section How well is our care and support planned?

Improvements should be made in staff practice relating to infection prevention and control (IPC). We observed staff not washing their hands or changing gloves between tasks, which does not align with current good-practice guidance and increases the risk of infection transmission. An area for improvement has been made in relation to IPC practice (see area for improvement 1).

Areas for improvement

1. In order to support safe care and reduce the risk of infection transmission, the provider should ensure that staff consistently follow current infection prevention and control (IPC) guidance.

This should include, but is not limited to:

- Effective hand hygiene at appropriate points during care delivery.
- Correct use of personal protective equipment (PPE), including changing gloves between tasks.
- Regular monitoring and reinforcement of IPC practice to ensure staff competence and compliance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience high quality care and support based on relevant evidence, guidance, and best practice" (HSCS 4.11).

How good is our leadership?**3 - Adequate**

We evaluated this key question as adequate. While there were some strengths that had a positive impact, several key areas required improvement to ensure that quality assurance processes reliably supported safe and effective service delivery.

The provider had a range of quality assurance processes in place, including mechanisms for gathering feedback from people using the service. However, these were not used consistently. As a result, people's views and experiences were not being routinely captured or evaluated, this limited the service's ability to identify trends, understand what was working well, and drive meaningful improvement.

Although accidents and incidents were being recorded and analysed internally, the service was not reporting these in line with Care Inspectorate notification guidance. We identified delays and omissions in notifying the Care Inspectorate of relevant events. This issue had also been highlighted at the previous inspection; therefore, the timescale for the existing requirement has been extended (see the section What the service has done to meet any requirements made at or since the last inspection for details). Improvements are needed in recording, reporting and escalating incidents to ensure transparency and regulatory compliance.

There continued to be insufficient oversight of important aspects of the service, including the auditing of care plans, medication records and scheduled reviews. Systems designed to ensure that people received a review every six months were not functioning effectively, resulting in a significant number of overdue reviews. This meant that people were not being given routine opportunities to reflect on, update or influence their planned care and support. As a result, there was an increased risk that care provided did not fully align with people's current needs, wishes or outcomes. People should be recognised as experts on their own experiences, needs and wishes and should be fully involved in decisions about their care and support that affect them.

Care plans themselves were not being consistently audited or updated. In some cases, changes in people's needs had not been reflected in their documentation, increasing the risk that staff did not have accurate information to guide safe and person-centred care. Quality assurance processes must be strengthened to ensure they reliably identify gaps and drive improvements. We have extended that timescale for the requirement (Please see the section What the service has done to meet any requirements made at or since the last inspection for details).

We acknowledged that the service had experienced some changes within the leadership team which had reduced capacity to maintain effective oversight and sustain improvement activity. Despite these challenges, it was positive to see that the service had developed a service improvement plan. Going forward, this should be used as a live tool to prioritise identified areas for improvement, monitor progress and ensure that actions are completed within agreed timescales.

How good is our staff team?**4 - Good**

We evaluated this key question as good. Several important strengths, when taken together, clearly outweighed the areas requiring improvement. While some improvements are needed, the strengths identified had a significant positive impact on people's experiences of care and support.

At the time of inspection, staffing levels appeared sufficient to meet the needs of people using the service. People told us that the service was reliable and that they could depend on staff attending as scheduled. However, staff absence had affected the consistency and continuity of care. As a result, people did not always know who would be coming to support them, which created uncertainty for some. One person said: "I get on well with them, it makes a difference to me," highlighting the positive impact of staff relationships, even when consistency was lacking.

During the inspection, we observed that staff had enough time to provide care and support with compassion. Staff worked flexibly and communicated well with each other. Staff were able to engage in meaningful conversations and interactions, helping to promote people's dignity, wellbeing and emotional comfort. This contributed positively to people's overall experience of support.

Feedback from staff was generally positive. Staff described enjoying their roles and felt they had access to appropriate training to support them in delivering safe and effective care. However, a number of recent changes within the leadership team had affected communication within the service. Communication should be improved to ensure that changes in people's needs were recognised promptly and updated in care plans in a timely manner. Strengthening communication processes would help to ensure that staff have the most accurate and up-to-date information to guide their care and support.

We identified some issues in relation to scheduling and brought them to the attention of the leadership team who agreed to address them. Overall, staffing arrangements appeared to be reflective of the needs of the service at the time of inspection. To enhance continuity and ensure staff work effectively as a team, improvements in communication and consistency of support should be addressed.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While there were some strengths that had a positive impact, several key areas required improvement to ensure that assessment and personal planning reflected people's outcomes and wishes.

We found evidence of personalised information within people's care plans, and staff told us that tasks were generally clear and easy to follow. This supported staff understanding of the key elements of care required. However, care plans were not always updated promptly when people's needs changed. As a result, there was a risk that guidance for staff did not fully reflect people's current circumstances, preferences or outcomes.

Care plans were held electronically. However, people receiving support did not have access to a hard copy or an electronic version of their plan. Several people told us they did not have a copy of their care plan. The service must ensure that individuals can access their care plan in a format that suits them, in line with their right to be fully informed and involved in planning their care and support.

Although some progress had been made in improving the structure and quality of care plans, the service continued to experience significant delays in completing six-monthly reviews. This meant that people did not consistently have regular opportunities to evaluate their care and support or confirm whether it continued to meet their needs and wishes. We also found ongoing inconsistencies within care planning documents, including information that had not been updated following changes in people's needs. This reduced the reliability of the information available to staff and increased the risk of care not reflecting current needs.

Medication Administration Records (MAR) were not consistently updated to reflect changes in people's medication or health needs. For example, a short-term medication that ended in December continued to appear on the MAR. Documentation relating to pain management also lacked clarity, particularly where medication requirements had changed. These issues reduced the accuracy of medication records and increased the risk of errors in administration. This had the potential to put people's health and wellbeing at risk of harm. A requirement has been made to address this (see requirement 1).

Overall, while care plans contained some personalised information, improvements are required to ensure they are consistently updated, regularly reviewed and accurately reflect each person's current needs, preferences and outcomes.

Requirements

1. By 30 June 2026, the provider must promote the health, welfare and safety of those who use the service by ensuring that all medication records are accurate and up to date, at a minimum they must:

- a) Accurately reflect their current prescribed medication, and accurately describe the individualised support required to ensure the person's medication needs are met safely.
- b) Accurately identify any risks to the person's health and include an assessment of those risks and the steps that are to be taken to reduce or mitigate them.
- c) ensure that any changes to a person's medication are updated in a timely manner.

This is in order to comply with Regulation 3 (Principles), Regulation 4(1)(a) (Welfare of users) and Regulation 5 (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: "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).

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

Requirements

Requirement 1

By 31 May 2025, the provider must ensure that all relevant accidents and incidents are notified to the Care Inspectorate.

To do this the provider must, at a minimum:

a) Ensure that notifications are submitted in line with 'Adult care services: Guidance on records you must keep and notifications you must make' (March 2025, Care Inspectorate).

b) All relevant staff responsible for providing such notifications must have their knowledge of 'Adult care services: Guidance on records you must keep and notifications you must make' evaluated to ensure compliance.

This is in order to comply with Regulation 4(1)(a) and (b) (Records, notifications, and returns) of The Social Care and Social Work Improvement (Registration) Regulations 2011 (SSI 2011/28).

This requirement was made on 14 March 2025.

Action taken on previous requirement

We made this requirement as we identified that the service was not notifying the Care Inspectorate in line with our 'Adult care services: Guidance on records you must keep and notifications you must make'

We reviewed the incidents, accidents and out-of-hours log from the beginning of 2026. During this review, we identified a number of incidents that were notifiable to the Care Inspectorate in line with current notification guidance.

It was positive to note that protection concerns were being submitted appropriately. However, further improvement is required to ensure that all relevant notifications, including those involving emergency services, are consistently submitted within the expected timescales and in accordance with Care Inspectorate guidance.

Overall, the service has taken some positive steps, but further improvement is needed to ensure all required notifications are submitted consistently and in line with Care Inspectorate guidance.

We have extended the timescale of this requirement to 30 June 2026.

Not met

Requirement 2

By 31 May 2025, you must ensure that the care service is led and managed in a manner that results in service users' health, safety, and wellbeing needs being met.

To do this the provider must, at a minimum:

a) Ensure that the quality of service users' care is assessed by knowledgeable, skilled, and compassionate staff in leadership roles using a range of methods. This may include, but is not limited to, observation of service users' care experiences, observation of staff practice and communication, seeking service user and staff views, and review of care documentation.

b) Ensure that where quality assurance processes identify areas for improvement, leaders take action and make any improvements to service users' care and the environment at the time.

c) Ensure that quality assurance processes are used to identify any further staff training or support that is necessary to ensure service users' health, safety, and wellbeing needs are met.

This is in order 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 2011/210).

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).

This requirement was made on 14 March 2025.

Action taken on previous requirement

We made this requirement as we found that the service was not identifying areas for improvement through their quality assurance processes.

The service had a range of quality assurance processes in place, along with a service improvement plan to support ongoing development. However, it was clear that the service had been struggling to consistently carry out these quality assurance activities. We recognised that recent changes within the branch leadership team had affected the service's capacity to maintain effective oversight, and continued work is needed to ensure quality assurance processes are completed reliably and drive sustained improvement.

We have extended the timescale of this requirement to 30 June 2026.

Not met

Requirement 3

By 31 May 2025, the provider must promote the health, welfare, and safety of those who use the service by ensuring that all care plans and risk assessments must, at a minimum:

- a) Accurately reflect the current health and care needs of the person and accurately describe the individualised support required to meet those needs.
- b) Accurately identify any risks to the person's health and include an assessment of those risks and the steps that are to be taken to reduce or mitigate them.
- c) Ensure that care plans are reviewed every six months, or more often if required, and meaningfully involve the person and/or their representative.

This is in order to comply with Regulation 3 (Principles), Regulation 4(1)(a) (Welfare of users), and Regulation 5 (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: "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 requirement was made on 14 March 2025.

Action taken on previous requirement

We made this requirement as at our last inspection reviews were not being undertaken within timescales and we identified a number of inconsistencies in care plans.

Overall, despite some evidence of improvement, the service had not yet met the requirement to ensure care plans and reviews remain current and accurate. Further strengthening of systems for auditing, updating and reviewing care plans and medication records is essential to ensure safe, person-centred and outcome-focused care.

We have extended the timescale of this requirement to 30 June 2026.

Not 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 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	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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