

Cowdray Club Care Home Service

1 - 5 Fonthill Road
Aberdeen
AB11 6UD

Telephone: 01224 212 140

Type of inspection:
Unannounced

Completed on:
9 April 2026

Service provided by:
Renaissance Care (No1) Limited

Service provider number:
SP2011011731

Service no:
CS2011303086

About the service

Cowdray Club is operated by Renaissance Care (No1) Limited and is registered to provide residential and nursing care to a maximum of 35 older people. An additional 2 places may be provided for named people who have expressed a preference to share suitable bedroom accommodation and who were resident in the home on 04 July 2022. Within the maximum of 35 places above a place may be provided for a named individual under the age of 65.

The service is located in a large traditional building in a residential area near to the centre of Aberdeen. The accommodation is over four floors and offers a mix of lounges, dining areas and bedrooms.

About the inspection

This was an unannounced inspection which took place on 2 April 2026 between 06:00 and 12:00. A further visit took place on 7 April 2026 between 11:30 and 15:30. The inspection was carried out by one inspector 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 10 people using the service and one relative or friend who were visiting the service.
- Spoke with ten staff and management.
- Received 44 completed questionnaires or emails from people using the service, relatives, staff, and visiting professionals part of the inspection process.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- People and families felt care was kind, respectful and supportive.
- Staff knew people well and acted quickly when needs changed.
- The lift repairs and staff shortages caused gaps in support and activities.
- Legal principles were mostly followed, but records missed people's views.
- Management was generally positive, but visibility, communication and staffing were inconsistent.

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

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. There were a number of important strengths which taken together clearly outweighed areas for improvement.

People and their relatives were very positive about the care, staff and the home. People said, "We feel our relative is in the best place," and "All needs are met in the most loving and helpful way." A small number of issues affected outcomes for some people, with inconsistencies because the disruption of having the lift replaced was limiting the staff availability.

People received kind and respectful care that supported their health, safety and emotional wellbeing. Staff listened to people and involved them in everyday decisions. People were supported to make choices about their routines and how they spent their time, which helped them feel more independent, valued and in control of their daily lives.

Staff knew people well and quickly noticed when something was wrong or when their needs changed. This meant they acted early when people showed signs of becoming unwell, such as changes in mood, eating or drinking, movement, confusion or distress. Staff felt confident to speak up and get help, which helped keep people safe and ensured they received the right care at the right time. An area for improvement regarding ensuring all aspects of healthcare support are consistently delivered was met. (see 'What the service has done to meet any area for improvement we made at or since the last inspection').

People who were at risk of falling had individual risk assessments and care plans to help keep them safe. When falls happened, staff recorded and reviewed them and used what they learned to try to prevent future falls. However, staffing pressures and disruption in the home, including the lift being replaced, meant the support in this area was not consistent. As a result, some people felt less safe or confident when moving around the home. This showed the need to regularly review how any changes affected people's safety and mobility.

People who felt anxious or upset were supported in ways that worked for them. Staff knew what could trigger distress and responded early with reassurance, familiar routines and meaningful interaction. They worked with visiting professionals and dealt quickly with physical health issues, such as pain or constipation. This helped people feel calmer, more respected and emotionally settled.

Care mostly followed the principles of the Adults with Incapacity Act, with appropriate legal arrangements and a least restrictive approach. People's views and the benefits of decisions were not always clearly written down, which made it harder to be sure the principles were fully followed.

Plans to record what matters to a person and how they want to be cared for if their health changes were in place and included important information about people's wishes. However, they did not always make a clear difference to people's day to day lives. While safety and deterioration in people's health were well managed, plans were not consistently used as person centred, live documents to guide care, choice and quality of life each day.

A previous area for improvement regarding ensuring care planning, records and associated documentation is consistently accurate, detailed, and reflective of people's current needs and legal status was met. (see 'What the service has done to meet any area for improvement we made at or since the last inspection').

People were supported kindly at mealtimes. Care plans clearly set out, and staff understood people's dietary and fluid requirements and any risks that may affect their ability to eat or drink safely. However, staffing pressures sometimes affected this for people, for example the pace of support and food temperature. Records did not always show clear action when people had not managed to eat and drink adequately. This meant that there was a risk that people may not consistently receive enough fluids to meet their needs or to keep them healthy. A previous area for improvement regarding ensuring people are supported to safely eat and drink was met. (see 'What the service has done to meet any area for improvement we made at or since the last inspection').

Staff knew how the medication systems worked. However, gaps in practice and record keeping meant people did not always get their medication safely or in the way that suited them, especially when staff were under pressure. Managers dealt with these issues during the inspection to lower the risk to people.

People could take part in group and one-to-one activities. Some people enjoyed spending time with others, sharing memories and going out into the community. Staff encouraged people to join in and adapted activities to individual interests. Staff supported people to stay independent through trying new things. Risks were managed safely without stopping people doing the things that were important to them. This helped people stay active, build confidence and enjoy their day. People said, "I am making progress to reach my goal of using my zimmer frame more," and "Staff encourage me to move more, but I do enjoy sitting in my room on my own." However, during times of staff pressure or disruption, some people chose not to take part because it felt like "too much of a bother." This meant activities had less positive impact on some people's wellbeing and quality of life.

How good is our leadership?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

The management provided a stable and caring service. Relatives, people and staff spoke highly of the management team. A relative said "The leadership is always approachable, and concerns and issues have been handled well." However, there were some concerns from relatives about the managers not being visible on the floors and that communication and follow through were not always consistent. Addressing this would help to further develop trust and strengthen people's experiences and outcomes.

The service had systems in place to check quality and manage risks. However, these checks did not always make a clear difference to people's day-to-day experiences. Audits and reviews identified problems and led to plans for improvement, but they did not always check how life had improved for people. This meant there was sometimes a gap between what was recorded and expected to happen, and what people experienced in practice. As a result, improvements were not always kept up, and people and their families did not always experience care and support consistently.

The service listened to feedback from people, families, staff and professionals and took action when concerns were raised. This feedback helped shape improvements, including changes to staffing and daily practice.

Accidents and incidents were reported and reviewed, and managers took action to reduce risks. During the inspection, they updated risk assessments, changed staffing arrangements and put improvement plans in place. Families were kept informed about risks, such as the lift replacement and staffing pressures, which

helped them understand what was happening. The management team were open to feedback and used learning from incidents, meetings and reviews to improve care. This helped staff become more aware of risks, adjust how care was delivered and work towards more consistent day to day care for people.

Staffing systems were in place to meet people's needs, but at times there were not always enough staff to provide timely care for everyone. Relatives described staff as kind and caring but said they often seemed stretched, which affected confidence and continuity of care. Managers reviewed staffing regularly and took action, including increasing staffing at busy times and adjusting how staff were deployed, particularly during the lift being replaced. However, people continued to feel the impact at times. Staffing levels were not always enough, especially at night, on upper floors and during disruption. This led to delays, unmet expectations and slower responses. Staffing remained an ongoing issue that needed continually reviewed to improve people's experiences and outcomes. As a result, this area for improvement was not met and will be restated (see 'What the service has done to meet any area for improvement we made at or since the last inspection').

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 support people's dignity, comfort, and independence during mealtimes, the provider should ensure that all people are supported to safely eat and drink. This should include, but not be limited to, ensuring that people have access to any equipment or adaptations they need, and that staff provide support in accordance with individuals' care plans.

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

This area for improvement was made on 13 August 2025.

Action taken since then

This area for improvement was met. See 'How well do we support people's wellbeing?' However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

Previous area for improvement 2

To support people's health and wellbeing the provider should ensure that all aspects of healthcare support are consistently delivered in line with people's assessed needs. This should include, but not be limited to, ensuring that fluid intake, catheter care, and bowel care are appropriately monitored, documented, and followed up on to support timely responses to changes in health.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My care and support meets my needs and is right for me"(HSCS 1.19) And "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24)

This area for improvement was made on 13 August 2025.

Action taken since then

This area for improvement was met. See 'How well do we support people's wellbeing?' However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

Previous area for improvement 3

To support people's health and wellbeing and improve the quality of their care, the provider should ensure that all care planning, records and associated documentation is consistently accurate, detailed, and reflective of people's current needs and legal status.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "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) And "I experience high quality care and support because people have the necessary information and resources"(HSCS 3.18)

This area for improvement was made on 13 August 2025.

Action taken since then

This area for improvement was met. See 'How well do we support people's wellbeing?' However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

Previous area for improvement 4

To support people's safety, comfort, health and wellbeing, the provider should ensure continued oversight of staffing levels, particularly in the lounge area. This should include but not be limited to, maintaining a consistent staff presence during key times of the day, such as afternoons and weekends, to ensure people receive timely support and supervision.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'My needs are met by the right number of people' (HSCS 3.15); And 'I experience consistency in who provides my care and support' (HSCS 4.16); And 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17). This area for improvement was made on 12 June 2025

This area for improvement was made on 12 June 2025.

Action taken since then

This area for improvement was not met and will be restated. See 'How good is our leadership?'

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

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