

Burnside Care Home Care Home Service

Borrowmuirhills
Laurencekirk
AB30 1HW

Telephone: 01561 377 400

Type of inspection:
Unannounced

Completed on:
22 April 2026

Service provided by:
SCCL Operations Limited

Service provider number:
SP2014012299

Service no:
CS2014326117

About the service

Burnside Care Home is a registered care service for older adults, operated by the Anavo Group. The service is registered to support up to 57 individuals, primarily older people. Within this capacity, up to two places may be allocated to named adults under the age of 65, based on assessed need.

The home is situated in a purpose-built, two-storey building located in a residential area of Laurencekirk, a village in south Aberdeenshire.

About the inspection

This was an unannounced inspection which took place on 21 and 22 April 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 12 people using the service and three of their family. We received further feedback from six people using the service and 21 of their family through care surveys.
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The home was calm and relaxed during our visit.
- People appeared happy and told us they were happy with their care and support.
- There were a range of activities organised for people to enjoy and regular opportunities to get out of the home.
- Staff were visible across the home.
- Processes for quality assurance had developed and processes were embedded in daily practices.

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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The atmosphere in the home was calm and welcoming. People told us, 'I'm quite comfortable here' and 'I've no complaints. There's nothing to worry about in here'. Staff attended to people discretely and with compassion. We were told, 'The staff are all very kind' which helped people to feel comfortable and safe.

People looked well and were well presented. Attention had been paid to people's appearance and people had their hair done and their jewellery on where this was important to them. This promoted people's sense of identity and upheld their dignity.

Fresh fluids were available in people's rooms and replenished regularly. Snack stations had been reintroduced and had been well received by people. A varied menu was available, and people could choose an alternative if they preferred. People told us the 'food is good'. Night bite boxes were going to be implemented when the new menus start so staff could make light meals and snacks for people who were hungry through the night. Items included baked beans, tinned soup, crackers and cheese etc. This would be a good addition that would extend people's choices throughout the day.

Where required food intake and fluid intake was well recorded including confirmation of any modified diets and fortification. We discussed with the manager how care plans would be further improved to reflect a more person-centred approach highlighting what would be normal for people if the desired calculated intake was unachievable for them. Care plans should include details of that person-centred assessment and direct staff when further advice and support may be required to ensure people are well hydrated.

Staff were responsive to people's needs. Call bells were answered quickly when people needed assistance.

Falls were well recorded along with any actions required to minimise risks of reoccurrences for people. Technology such as call mats were used to alert staff when people may need assistance and some people had gates across their doors. Whilst this equipment was referred to in care plans, consent was more implied than explicit. The manager should ensure that there are appropriate risk assessments in place that link to the care plans. It should be clear what discussions have taken place around the use of technology and equipment including explicit consent from appropriate people which should be reviewed regularly. This will help to ensure that people's rights are being upheld.

People's skin integrity was maintained as staff were vigilant to any changes. Wounds, scratches and bruises were all documented with appropriate wound care plans that were reviewed regularly and as described in treatment plans. The manager maintained an overview that was discussed with staff through daily huddles and clinical risk meetings. This helped to ensure that people received the right treatment and interventions to help maintain healthy skin.

Medication administration processes were in place via electronic medication administration records (eMAR). Where people had their medication administered covertly, pathways were in place informing staff how to administer effectively. People's medications sampled had been given correctly and counts tallied with stock balances. Regular audits were in place across controlled drugs and regular medications identifying issues and these were discussed at flash meetings.

There were a range of activities available to people across the whole week including weekends. This included 1:1 contact with staff where this was preferred as well as group activities and entertainment. There was good records kept of what people had enjoyed and also what they had not enjoyed. This would help to review and plan for future activities. During our visit, we saw that there were some individual activities with people in their rooms as well as people out in the garden and others out on a bus run in the afternoon. Some people told us that the range of activities could improve further and be more varied whilst other people were very happy with the choices available. Comments included;

'It's lovely to see photos of my relative displayed on the board on different regular activities.'

'There aren't enough appropriate activity opportunities for my relative. The weekly activity programme is very often changed with no notice given and some of the advertised activities don't take place at all.'

'The staff are very supportive of my dad and our family. We are kept informed of everything that occurs and our opinions are always taken into consideration.'

We saw that activities were discussed through meetings with families, residents and staff. The manager told us that they had increased the frequency of relative meetings so there will be more planned opportunities to discuss activities within this forum.

We also heard from professionals that; 'Some staff appear to be quicker at noticing when referrals should be made than others.' but also, 'Staff can be busy at times, but are always prioritising the medical care of the residents.' There was a good record kept of contact with other professionals and the manager maintained an overview to help ensure referrals and contact was made with appropriate agencies when required.

Infection prevention and control (IPC) procedures in place were effective and helped keep people safe. The standard of cleanliness in the home had significantly improved since our last visit and was clean, tidy, and free from any offensive odours. Cleaning schedules were in place for each area of the home and were completed well.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There were a range of tools and audits used that formed an overall quality assurance programme which was now embedded in the home. The manager had developed an 'aide memoir' that described what activity was planned and when. This helped to ensure that these tools were used regularly to help monitor the quality of the service across all areas.

Resident of the day was a comprehensive tool that included staff from all departments. Peoples experiences and satisfaction was reviewed regularly as a result. This included a review of clinical needs, social needs, catering and their environment. Families were contacted as part of the process so had opportunities to express their views. The management team have committed to contacting relatives themselves throughout the month, so people had regular opportunities to discuss issues directly with a manager.

Peoples experiences within the home were further considered through regular formal reviews of their care and support. A review planner was in place to help plan and prioritise reviews with people. It was positive to see that staff kept a note of discussions even when another agency was producing the formal record. This meant that there was no delay in progressing with any actions for people.

Complaints were clearly recorded along with outcomes and correspondence with the complainant. Most people agreed that they felt they could raise any concerns with staff and managers and that prompt action would be taken to address any concerns. Some people however felt they were not fully informed about concerns around their relatives care. Another relative told us that communication was inconsistent between staff which could lead to inconsistency in care. Some comments included;

'Relatives are not made aware of complaints that affect their loved one's care.'

'Management and staff are easily contacted and respond quickly to any queries.'

'I feel I can discuss any issues or requests with staff members and managers.'

The increase in contact between managers and relatives should help to improve peoples experiences.

There were a range of meetings held regularly to share information and to receive feedback. This included staff meetings, resident meetings, activity meetings, relatives, nurse and senior, daily huddles and clinical risk meeting. Actions from these meetings were added onto an overall action register which was held electronically. This enabled managers to have oversight and ensure that actions progressed to better outcomes.

During the inspection, we observed that two of the assisted baths were out of order. Repairs had been approved however there had been difficulty in sourcing parts. This meant that people on the first floor did not have convenient access to a bath. One person told us, 'My relative would like a bath when it's replaced'. It is important that people can access a bath not only for personal hygiene but also for relaxation and the relief of joint pain. The manager advised this had become a priority for the home. We have asked that the manager submits appropriate notifications to the Care Inspectorate confirming what action is planned and update this as progress is made. See area for improvement 1.

Areas for improvement

1. In order to ensure people are afforded for bathing or showering, the provider should ensure that there are sufficient assisted baths available and that these are fully operational and well maintained.

This is in order to ensure that Health and Social Care is consistent with the Health and Social Care Standards (HSCS), which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

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

Requirements

Requirement 1

By 30 August 2025, the provider must demonstrate that people experience safety, kindness, and compassion from the staff who support and care for them. In doing this, the provider must ensure that:

- a) incident reports are completed in a timely manner and, where applicable, notification reports are sent to the Care Inspectorate;
- b) all incidents which are detrimental to the health and welfare of service users are thoroughly investigated in a timely manner;
- c) they develop managers and staff skills in recognising, investigating and responding to complaints, concerns or allegations of abuse;
- d) adult protection processes are followed when safeguarding issues occur;
- e) all complaints, incidents, accidents and allegations of abuse are discussed with service users and or their representatives. Written responses should clearly detail the findings of the investigation, actions taken and lessons learned to improve outcomes for individuals;
- f) people are valued and respected as individuals, with their care and support planned in a person-centred manner.

To be completed by: 30 August 2025

This is in order to comply with:

Regulation 18(3) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This requirement was made on 30 May 2025.

Action taken on previous requirement

This requirement was made following a complaints inspection and had been reviewed twice through follow up inspections prior to this inspection. The deadline had been extended to 17 April 2026.

During this inspection we saw that accidents and incidents were recorded within an electronic database. These were reviewed by a manager to help ensure events were thoroughly investigated and actions to help prevent reoccurrences were identified and discussed.

There was ongoing auditing of documentation to help ensure that any reportable events were reported properly and that appropriate actions were taken.

Staff we spoke to confidently described how they would record and report any concerns about people including any complaints or allegations of abuse. Complaints and concerns were discussed with staff as were the outcome of inspections. This meant that staff were informed about the actions required to help bring about improvements for people.

Appropriate referrals had been made to the adult protection network. We provided confirmation and clarity as to what notifications should be made to the Care Inspectorate.

Complaints were recorded and records included information about investigation and outcomes which were confirmed in letters to complainants.

People told us that managers were approachable and that any concerns would be dealt with properly. The manager had committed to contacting all relatives/representatives monthly to ask for their feedback and address any concerns that were raised early so that solutions could be found.

Met - outwith timescales

Requirement 2

By 17 April 2026, the provider must ensure that the resident experiences care that is dignified, respectful and promotes their wellbeing, including appropriate nutrition. To achieve this, the provider must:

- a) demonstrate that all staff have a clear understanding of the appropriate management of food and fluid intake, including ensuring that people are positioned correctly when eating and drinking;
- b) ensure meals offered are nutritious, balanced and aligned with the resident's assessed dietary needs
- c) ensure food and fluid intake is accurately recorded, monitored and evaluated
- d) implement clear escalation processes when intake falls below expected levels, and ensure these are followed and documented
- e) ensure staff have the knowledge, time and guidance required to support safe and effective nutritional care
- f) ensure that the evaluation of food charts informs any changes to the care plan.

To be completed by: 17 April 2026 This is in order to comply with: 7 of 8 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 care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This requirement was made on 20 March 2026.

Action taken on previous requirement

This requirement was made following a complaints inspection.

Staff were able to describe learning from their training around nutrition and textured diets. Staff were also able to describe where they would find information about people's needs.

People who lived in the home had been consulted regarding new menus to be implemented for spring/summer time.

We carried out a mealtime observation. We saw that staff knew people well and what their needs were around their nutritional requirements. People were positioned appropriately and assisted with the required adapted utensils for eating and drinking. Independence was encouraged where possible and assistance was given discreetly for those who required this at mealtimes and at a relaxed pace.

Food and fluid charts were detailed and reflected the correct level of modified diet and fluid required. This corresponded with information in people's care plans.

Where there were changes in people's condition, we saw referrals to appropriate agencies. Advice given was being followed, for example where people were on pureed or fortified diets, this was referenced in entries with food/fluid recording charts.

Care plans were reviewed on a regular basis to ensure people's care was meeting their current needs.

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 for people to receive responsive care and support, the provider should review staffing arrangements, taking into consideration people's changing needs and the layout of the building.

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

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

This area for improvement was made on 23 April 2025.

Action taken since then

The management team had completed a staffing review with actions that describe the ongoing process for reviewing staffing arrangements within the home.

There was a new dependency tool to help assess needs, 'Clara needs' was still relatively new and some features were just being introduced – more specifically the opportunity to add feedback from stakeholders into the programme in order to consider how this could impact on staffing arrangements.

In addition, feedback had been sought from staff and from families which had resulted in an increase to staff numbers.

The geography/layout of the home presented challenges. Following consultation with staff, 'walkie talkies' had been bought for night staff predominantly, which would help to improve communication and knowledge of location. The manager was planning to evaluate this following discussion with staff.

This area for improvement has been met.

Previous area for improvement 2

In order to support good outcomes for people, the provider should evaluate the effectiveness of staff competency and training, through carrying out regular observations of staff practice. This should be extended across all key areas of practice and linked to staff supervision.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 23 April 2025.

Action taken since then

Staff observations were being carried out and formal records kept. Staff were completing reflective account following observations in order to improve practice further.

During the inspection visit, the manager had developed an overall spreadsheet that provided an 'at a glance' view of observations that had been completed and with whom. These should be reflected in supervision records to ensure ongoing reflection and learning.

This area for improvement has been met.

Previous area for improvement 3

In order to achieve optimum hydration to maintain people's wellbeing, the provider should ensure that where fluid monitoring is in place, it is clear why, and that all fluid charts are completed and recorded accurately to reflect their daily intake.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 23 April 2025.

Action taken since then

This area for improvement was superseded by requirement two where progress and actions have been recorded. This area for improvement has been met.

Previous area for improvement 4

Personal plans should be accurate, outcome-focused, detailed and updated when people's needs change. Discussions should be held with individuals receiving care and their representatives, to ascertain which aspects of health, safety and welfare are accurate and meaningful to the support they require.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 30 May 2025.

Action taken since then

We sampled a range of personal plans from the person centred software (PCS) database.

Plans were generally well completed and informative. Information within plans corresponded with information in risk assessments. Updated regularly following input from other professionals.

There was good information about 'daily life' and what was important to people.

Regular reviews of care and support had taken place with relevant people and their views recorded. Some records did not clearly describe if the person themselves had been there or consulted. The manager agreed to remind staff to include this detail to ensure people's views are reflected and considered.

This area for improvement has been met.

Previous area for improvement 5

To promote positive outcomes for individuals in care, the service should consistently offer a diverse range of meaningful activities that encourage engagement and personal choice. It is essential to document each activity, including participants' levels of involvement and responses, to inform future planning and maintain a person-centred approach.

This is to ensure care and support is consistent with Health and Social Care Standard 1.25: 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.

This area for improvement was made on 20 March 2026.

Action taken since then

We saw lots of evidence to support individuals to enjoy meaningful and person-centred activities. Intergenerational relationships, therapy pets, music and outings. At the time of the inspection, we saw people enjoying fresh air in the garden and others were out planting potatoes.

Staff good understanding of personalised activities, fresh air and accessing community as well as interactive sessions in the home.

People were consulted through resident/relative/staff meetings what activities they want/how to spend their days and outings. Activities were reviewed and evaluated through resident of the day discussions.

Staff were knowledgeable regarding the importance of 1-1/individual and group activities and how to record the outcomes for people including when people had not enjoyed an activity or were disinterested.

Recording of activities was consistent in person-centred software that were describing some good personalised outcomes.

This area for improvement has been met.

Complaints

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

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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