

# Alderwood House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 March 2025

**Service provided by:**  
Alderwood House Limited

**Service provider number:**  
SP2020013476

**Service no:**  
CS2020379050

## About the service

Alderwood House care home is registered to provide care to 32 adults with a non-acute mental health diagnosis. The provider is Alderwood House Limited, part of the Meallmore organisation. The service provides spacious accommodation with en-suite facilities on a single floor with a large enclosed garden. It has other various sized communal areas for people to engage with as they wish. The service was registered with the Care Inspectorate in February 2021.

At the time of inspection the service was supporting 32 people.

## About the inspection

This was an unannounced inspection which took place on 27 February and 4 March 2025 between 07:00 and 16:00. 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 six people using the service.
- reviewed four responses to relatives questionnaires.
- reviewed 11 responses to external care professionals questionnaires.
- reviewed 16 responses to staff questionnaires.
- observed practice and daily life.
- reviewed documents.
- spoke with staff and the management team.

**Key messages**

- People were happy with the care and support they received in the service.
- External professionals were happy with the staff, management and quality of care and support.
- Some staff and external professionals felt communication could be better
- Meeting records within the service should be more structured and detailed.
- The service should continue to support recovery, promote independence and upskill staff as needs dictate.

**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 strengths impacted positively on outcomes for people and outweighed any areas for improvement.

Throughout the inspection visits we could see people were treated well, with dignity and respect. We saw caring interactions between staff and residents during our visits to the service. Staff clearly knew the residents well and understood how best to support them. People appeared well kempt, comfortable, and engaged well with the care and other staff within the home. People spoke very positively about the care they received. Staff we spoke to told us people were cared for to a good standard within the home. The relaxed, clean and well kept environment coupled with the good levels of observed care were clearly benefitting the people experiencing care on their journey to recovery .

Care planning was done well. We reviewed wound management plans and stress and distress plans and found them to be good. Although it was noted that one wound care dressing plan was not being strictly adhered to. This was not to the detriment of the individual concerned but improvements could be made to ensure the wound was managed in line with the agreed plan. The management team put an audit tool in place during the period of inspection to rectify this minor concern.

We were assured that people were getting the medication they needed for their wellbeing. However, it was found that the effectiveness of all 'as required' medications was not being consistently completed on the recording system. It is important for people's wellbeing that this is accurately recorded for all such medicines. This allows proper review of medication, and, informs as to whether a dose is working, needs to be increased, decreased, or medication changed to meet people's health and wellbeing needs. This was discussed with the management team during inspection who were already aware of the need to further improve such recordings.

It was evident that the home engaged well with outside professionals as needed. Comments from outside professionals we received feedback from were mainly positive about the quality of care and staff in the home. Some did feel there could be some improvement in communications when engaging with the service, but all were overall happy with the quality of care provided in the service. Some comments made included: 'The service offers a variety of activities and supports for people with a wide range of issues' and 'I have observed a significant improvement since the new manager took over'. This indicated that people's day to day needs were being met and treatments were positively impacting on people's wellbeing.

People supported and relatives responded to our questionnaires. Feedback provided was also mostly positive in nature. Comments included: 'I am very happy with the care and support I receive, everyone is nice here,' 'Everything works well', 'Staff are friendly and professional, returning calls with follow up information is somewhat slow at times' and 'There is nothing they could change where [my relative] is concerned.' Other than communication being slow on occasion, feedback indicated people and their relatives were generally happy with the care and support they received.

## 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 was a quality assurance system in place in which all key areas within the service were audited to a good standard. It was evident that any actions identified from the audit process were taken forward. This was clear from the monitoring systems in place that followed through on actions identified to their completion. This meant people benefitted from a good level of monitoring and oversight.

The service had an improvement plan in place that highlighted what the service could do better. This contained insightful self-evaluation and evidenced that the management team were committed to a culture of improvement. This was a healthy approach which promoted good outcomes for people.

Incidents and accidents within the home were monitored well and notified appropriately to understand people in their environment and help prevent recurrence. The service worked collaboratively with external agencies to meet people's needs well. We received positive feedback from these partner agencies about the service's approach to care and, other than some comment to the contrary, the general good level of communication. It was remarked upon that the staff had a very good knowledge of people's needs and how well people are doing with the service's support.

Staff we spoke to felt positive towards the current management in the home. It is important that staff feel included and listened to in efforts to create a relaxed and supportive environment that delivers high standards of support and care. The management team was encouraged to maintain and continue to improve its interaction with staff, so people get the best possible care.

## How good is our staff team?

### 4 - Good

We evaluated this key question as good because strengths under this key question outweighed areas for improvement.

Staff presented as happy working in the service and demonstrated a good knowledge of people's needs and how these could best be met. They gave an overall impression of a close team of staff who worked well together so that people experienced a good level of care.

We could see, on checking training records, that staff were subject to a wide range of mandatory training packages. Staff had completed their training, both online and face to face in key areas. Specialist training was provided in line with the needs of people identified within the service. Training was monitored to ensure staff completed refresher training within prescribed timescales. This meant that staff were competent to provide for the needs of the people the service supported.

Staffing levels and mix of staff were sufficiently in place to meet people's needs. Staff confirmed this in conversations, although some felt there were occasions where more staff could be needed. Staff told us they would pull together well to ensure people's needs were met. It is important that managers keep on top of staffing levels and mix of skills to ensure people can be properly looked after.

We sampled records of previous meetings and found them to be organised and inclusive. Staff meetings are important opportunities at which all staff in the service can have their voices heard and take part in the service's improvement and quality assurance agenda. The manager informed that staff, at the time of inspection, were involved in smaller group focused meetings. The manager was planning on reintroducing full staff meetings. It was noted that although minutes of previous such meetings were recorded well they could be further improved by including a review of previous minutes and an ongoing action plan. This ensures that previous discussions are noted and any agreed actions are taken forward and reviewed at these meetings. This links each subsequent meetings together and assures staff views and agreed actions

are taken forward for the benefit of those who use the service (see area for improvement 1).

It was clear when interviewing staff that the management team was approachable, supportive and would listen when staff raised concerns. Some staff spoken to, and others who responded to our questionnaires, felt that the management team could be more visible on the floor. The perceived need for this was to support staff, reinforce elements of the recovery journey and promote independence for people the service supported. This information was shared with the management team for their consideration at the inspection feedback meeting. It is important that a team approach is taken in this complex area of care and that staff feel heard and fully supported to assist in providing the best possible outcomes for the people they care for.

## Areas for improvement

1. To ensure staff input into the improvement of care and support in the service is recognised fully, staff meeting records should include a review of previous meeting minutes. Records should also include an action plan that identifies what is to be done, the owner of the relevant tasks and the timescale for completion. This should then form part of an ongoing review of actions at subsequent meetings to assist in improving people's care and support.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

## How good is our setting?

4 - Good

We evaluated this key question as good because strengths under this key question outweighed areas for improvement.

The service was clean, tidy and free of clutter. The communal areas were welcoming and benefitted from a lot of natural light. The environment and equipment were cleaned to a good standard and areas were well maintained and decorated. It was a large service and people were seen sat together in seating areas placed along the corridors and in communal areas, staff monitoring them as necessary. People lived on one level on the ground floor and communal areas of the home were signed so people could orientate themselves. People's rooms we visited were well appointed and personalised with pictures and ornaments. All rooms were warm. One comment we received in our questionnaires regarding the quality of the environment in the service stated: 'Alderwood is a lovely environment.' It was a pleasant environment to live in for the people supported.

The service was subject to a robust cleaning regime and good standard of maintenance. We noted on our initial visit that there was some water damage to a small part of the floor. This was dealt with during the period of inspection. We were informed by people we spoke to that they were content with their rooms and they felt the service was a nice environment. We sampled cleaning records and found them to be comprehensively completed. Maintenance records sampled were up to date ensuring that things like water condition, electrical goods and hoisting equipment were of a good standard and safe for residents to use. The service was a safe and comfortable environment for those who resided there.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good because strengths under this key question outweighed areas for improvement.

Every person living in the service had a personal care and support plan that accurately detailed their care needs. These were updated frequently and available to all appropriate staff and visiting professionals. It was noted that the entries we sampled in care plan documentation were descriptive and sufficiently detailed. The system used allowed those viewing care plans to clearly identify what had been updated by whom and when. This information was clear and individualised particularly, for example, when clarifying someone's stress and distressed behaviours and how to de-escalate them in a way that works for the person. It is important that a good level of detail is provided so that anyone who needs to access the care plans would be able to effectively identify key information in maintaining someone's health and wellbeing.

Residents and their relatives took part in six-monthly review meetings to ensure their needs were being appropriately met. It was evident that a very small number of reviews were slightly beyond the six-monthly minimum. These reviews should be carried out timeously and management oversight of these closely monitored. It was impressed upon the service management that full formal reviews should take place on request, as needs change, or at a minimum of six-monthly, involving a wide range of input. These should happen even if people were absent, or social work colleagues were unable to attend. In these cases the review attendance could be revised. Reviews may be revisited with absentees at a later date so that this legal standard is always met. This ensures people's care suits them and meets their needs at all times.

## 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 people are effectively informed and prepared, the provider should ensure that they implement and execute the notice and termination arrangements in line with their tenancy agreement. This should include, but is not limited to, ensuring all information is available to the person and their representative for the termination, and that there is a recorded discussion of what potential solutions were discussed and considered.

This is to ensure care and support is consistent with Health and Social Care Standard 4.12: I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes.

**This area for improvement was made on 1 November 2023.**

#### Action taken since then

It was noted that the service had a comprehensive policy for given notice and the termination of placement. This included specific instruction on how to engage with people and their representatives appropriately. There had been none issued since the previous inspection. This area for improvement had been met.

#### Previous area for improvement 2

The manager should ensure to facilitate that people experiencing care have opportunities to participate in appropriate social, recreational and stimulating activities which are meaningful to them and consider their identified interests, needs, choices and preferences.

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 1 November 2023.**

#### Action taken since then

Information provided prior to, and at the inspection indicated that people could access a wide range of activity in line with their needs and preferences. This was an area that the service maintained a constant overview on to ensure people could involve themselves in activities both in the community and within the premises. Staff had made suggestions about maybe having a service car or minibus. This information was shared with the management team for its consideration. This area for improvement had been met.



## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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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