

Oakeshott House Care Home Service

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Type of inspection:
Unannounced

Completed on:
30 May 2025

Service provided by:
Stirling Care Home Limited

Service provider number:
SP2021000158

Service no:
CS2021000261

About the service

Oakeshott House Care Home is a purpose-built, 84 bed care home, situated in Stirling, close to the city centre. Arranged over three floors, Oakeshott House Care Home offers individual and spacious bedrooms. The bedrooms have en-suite toilet and shower facilities and are arranged in eight small, homely clusters around a lounge/dining room, quiet room and assisted bathroom.

The home has a wide variety of social areas including a café & bar area, vintage tea room, cinema room and hair salon. The provider is Stirling Care Home Ltd and Oakeshott House has been registered with the Care Inspectorate since September 2021.

About the inspection

This was an unannounced which took place from 27 to 30 May 2025. 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 14 people using the service and received a feedback questionnaire from one person
- spoke with and received feedback from 29 family representatives
- spoke with 36 staff and management
- observed practice and daily life, reviewed documents and a including care plans
- spoke with visiting professionals.

Key messages

People were supported with dignified and respectful care.

Staff worked well together and were considerate of each others workload.

The home was well maintained but needed to consider how the environment could better support people with their individual needs.

The provider needed to consider lessons learned from accidents and incidents to reduce the risk to people.

People did not benefit from safer recruitment principles as recruitment practices were not robust.

People could not be confident that staffing arrangements were meeting their needs and the provider needed to review staffing levels and arrangements.

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?	3 - Adequate
How good is our setting?	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 found several strengths that impacted positively on outcomes for people and evaluated this key question overall as good. When we looked specifically at QI 1.1 "People experience compassion, dignity and respect" there were significant strengths in aspects of the care provided and we evaluated this quality indicator as very good.

We saw that were staff were kind and respectful when supporting people. People living in Oakeshott and their families were happy with the care and support. One person told us, "Staff are kind and there's nothing that they wouldn't do for me", whilst a relative said "My (relative) is valued and well cared for. People knew the staff team well and we witnessed strong and positive relationships, humour, fun and respectful interactions between people living there and the staff across all departments. Staff took pride in knowing people, and the things they liked to do. People were involved in decisions about the care home through interactions and resident meetings. The service had recently worked hard to improve wellbeing through focussed activities and although this was still being progressed, had already resulted in very good outcomes for people.

The dining experience was relaxed and unhurried and meals were presented nicely, choice given and additional helpings offered. We saw that staff struggled to manage the level of demand in relation to people requiring support with meals and this meant that people had to wait for sometime for their meal.

The team had good oversight of peoples skin integrity and when there were wounds, they were managed well. People could be confident that medication was administered safely as staff followed good practice guidance and the leadership team had a good overview of practice.

Within care plans people had appropriate assessments and these were regularly reviewed and this meant that care provided was current and met peoples needs. The team had formed good relationships with their external medical colleagues and this meant that escalation of health needs was prompt.

Where people may experience stress and/or distress their plans did not provide enough information to respond to and support individuals. There was little guidance for staff to identify what might provoke a distress reaction or what individualised strategies might support people. Because this could impact on outcomes for people, we made an area for improvement about this. (See area for improvement 1)

Areas for improvement

1. To further promote a culture of respect, the service should ensure staff have appropriate training to understand how best to communicate and support people who are living with a cognitive impairment, particularly to avoid or manage any episodes of stress and distress.

Knowledge should then be used to design and implement care plans for mental wellbeing. Triggers for stress and distress should be documented along with any tried and tested distraction techniques that can guide staff on how best to support the person during these times.

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

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

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People could be confident that observations of staff practice were regularly undertaken to assess competence of the staff. The outcomes from observations fed into staff supervision and team discussions and this supported improved care and support to people. The service had a good overview and insight into clinical issues and information. Falls were well reported and analysed as were any wounds. There was a clinical risk meeting every week that focussed on improving health and wellbeing outcomes for people.

Sometimes it was not clear to see how audit issues were actioned and the service improvement plan did not always reflect the information gained from all the audit work. This meant that the overall service planning was not linked to improving outcomes for people and we made an area for improvement about this. (See Area for Improvement 1)

We had some concerns about actions when people had an accident or were involved in an incident. We saw a significant number of records that included altercations between people, bruising and skin tears of unknown cause. There was no analysis or review of these incidents that would identify how to reduce them and the required notifications to relevant bodies were not consistent. Because this had an impact on outcomes for people, we made a requirement about this. (See requirement 1)

Requirements

1. By 27 June 2025 the provider must ensure they keep people safe and healthy by ensuring that all accidents and incidents are properly managed. To do this, the provider must, at a minimum:

- a) Ensure that staff and management recognise potential harm and understand their duty to report this under the Adult Support and Protection Act (Scotland) 2007.
- b) Ensure that they adhere to the Care Inspectorate notification guidance for reportable events.
- c) Implement a system to regularly monitor, review and learn from all accidents, incidents and adult protection concerns.

This is 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 ensures care and support is consistent with the Health and Social Care Standards, which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities". (HSCS 3.20)

Areas for improvement

1. So that people can have confidence in the organisation providing their care and support the service should ensure that robust and effective quality assurance processes are in place. This should include, but is not limited to:

- (a) The development of an improvement plan that is reflective of improvements identified through audit work.
- (b) Ensuring actions for improvement within the plan are clear, have ownership, are time specific and are reviewed regularly to determine progress.
- (c) Consideration of a self evaluation process to monitor continuous improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I use a service and organisation that are well led and managed". (HSCS 4.23)

How good is our staff team?

3 - Adequate

We reviewed all three quality indicators within this key question and evaluated overall as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. When there is an evaluation of adequate, improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

When we looked specifically at QI 3.2 "Staff have the right knowledge, competence and development to care for and support people" there were strengths that impacted positively on outcomes for people and outweighed areas for improvement and we evaluated this quality indicator as good.

3.1 Staff have been recruited well

People could be assured that the service had a robust recruitment policy in place. When people applied to work at Oakeshott we could see that application and interview processes were followed and disclosure and 'right to work' checks were in place. However best practice guidance and professional codes of practice were not adhered to when seeking references. Obtaining two relevant professional references, including one from the applicant's current or most recent employer, is an essential part of recruiting someone who is safe and suitable for care roles. The service had sought references from people who were not in a position to comply with guidance and had not considered when there was a concern in references. Because people could not be confident that recruitment processes were robust we made a requirement about this (See requirement 1)

3.2 Staff have the right knowledge, competence and development to care for and support people

People could be confident that staff had most of the necessary skills support them. Mandatory training was completed well however some other essential training was at a lower level that we would expect to ensure people were skilled and competent. In particular we had concerns about how staff supported people who may be living with a cognitive impairment, as few staff had completed the organisation's essential training programme. We reflected this in Key Question 1 (See 'How well do we support people's wellbeing?' Area for Improvement 1).

3.3 Staffing arrangements are right, and staff work well together

The staff were well established and told us they feel "well supported" and working in the home is like "being part of a big family." We could see how staff worked across each individual floor to support each other. Although we received very positive feedback about staff, we heard from people, their relatives, external professionals and staff themselves that staffing levels were low. Although the service strived to have sufficient staff to meet peoples needs, there were times when there were not enough people on the rota. There was a high level of staff absence and there were no contingency plans in place to replace

staff. Because this had an impact on outcomes for people, we made a requirement about this. (See requirement 2)

Requirements

1. By 27 June 2025, the provider must ensure that people are supported by a staff group that are appropriately and safely recruited. To achieve this the provider must make sure that all recruitment follows the principles of safer recruitment. This must include, but is not limited to, obtaining appropriate and robust references. Where this is not achievable, the service should apply best practice guidance and adhere to Scottish Social Services codes of practice

This is to comply with Regulation 9 (2)(b) & (c) (Fitness of staff) 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, which state: '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).

2. By 27 June 2025 the provider must ensure that the service is appropriately staffed, at all times. To do this the provider must, at a minimum, ensure that there is sufficient staff and skill mix to care for service users in a dignified, respectful manner that promotes a positive quality of life and provides safe care and support.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 15(a)(Staffing) 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 needs are met by the right number of people' (HSCS 3.15); and '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).

How good is our setting?

4 - Good

We found several strengths that impacted positively on outcomes for people and evaluated this key question overall as good.

The home was welcoming and decorated to a high standard, with lots of social spaces throughout the three floors. People had access to a cinema and bar area and equipment supplied was well maintained. There were plenty of open, well lit spaces, however corridors were long and did not support orientation. Handrails were limited and grabrails not available for all people to support a level of independence. The overall environment was not designed to support people who have sensory or cognitive impairment. Signage and wayfinding was limited and there were no points of interest or talking points available for people within the large corridors or multiple social rooms. Because this could impact on outcomes for people, we made an area for improvement about this. (See area for improvement 1)

People could be assured that the home was clean and staff used good practice guidance in relation to infection prevention and control. The location of personal protective equipment (PPE) and hand sanitizer placed an additional burden on staff time as staff often had to walk a considerable distance to access essential PPE. We highlighted this and other concerns about individual room cleanliness to the leadership

team on day one of our inspection and were reassured by their response to address this. We considered that the imbalanced allocation of housekeeping staff across the week may contribute to the few areas that needed attention and we have addressed this under Key Question 3 (See 'How good is our staff team', Requirement 2).

Areas for improvement

1. In order that people are able to move around and feel secure in their surroundings, the service should undertake a review of the environment using good practice guidance.

This should include but is not limited to:

- a) easing decision-making and orientation
- b) reducing agitation and distress
- c) encouraging independence and social interaction
- d) promoting safety.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22).

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 ensure people are supported with effective falls management plans and people's safety, the manager should ensure: A comprehensive review of people's care plans and risk management strategies are completed, in order that support delivered is reflective of people's current needs. Provide ongoing and consistent staff training that ensures the implementation of fall prevention measures promoting strong collaboration with external professionals and transparent communication with families.

This is in order to comply with:

Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 14 November 2024.

Action taken since then

We reviewed this area for improvement during our inspection. We found that people had a falls risk assessment in place and this was current and regularly reviewed. Staff training was in place and the service had good overview and analysis of falls. Families told us that communication about falls was good and they were promptly alerted

The service had met this area for improvement.

Previous area for improvement 2

To ensure people's nutritional needs are met, the manager should ensure: A comprehensive review of care plans and nutritional risk assessments is completed and updated to reflect current needs, including weight loss trends and dietary requirements. That staff work in collaboration with dietitians, healthcare professionals, and families to create tailored plans that address individual preferences and supports improved nutritional outcomes.

This is in order to comply with:

Health and Social Care Standard 1.15: 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.

This area for improvement was made on 14 November 2024.

Action taken since then

We reviewed this area for improvement during our inspection. We saw good evidence of a multi disciplinary approach to supporting peoples nutritional needs. When we observed practice staff demonstrated a good awareness of peoples dietary needs. This included care and catering staff. People spoke highly of the food

and choices and volume of food offered. The leadership team had good clinical oversight of people's dietary needs and identified people at risk of weight loss.

The service had met this area for improvement.

Previous area for improvement 3

To ensure people's needs are consistently met in a person-centred way and staff are supported to work holistically, the manager must ensure: Staffing levels are maintained in line with assessed dependency needs to provide adequate support for all residents. Staff workload is monitored, and additional support is provided during peak times to prevent delays in care and ensure a holistic approach to residents' needs. Continue with ongoing recruitment efforts and contingency plans are implemented to address any staffing shortages effectively.

This is in order to comply with:

Health and Social Care Standard 3.15: My needs are met by the right number of people.

This area for improvement was made on 14 November 2024.

Action taken since then

We reviewed this area for improvement during our inspection. We could see how staff worked across each area of an individual floor to support each other. However there were several occasions when the staffing levels fell below the required need to adequately support people and we made a requirement about this (See "How good is our staff team" requirement 2).

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
1.1 People experience compassion, dignity and respect	5 - Very 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?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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