

## Crosby House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
27 June 2025

**Service provided by:**  
Aberdeen Association of Social  
Service, a company limited by  
guarantee, trading as VSA

**Service provider number:**  
SP2003000011

**Service no:**  
CS2011298871

## About the service

Crosby House is a VSA (Voluntary Service Aberdeen) care home for older people located in a residential area in the west of Aberdeen City. It has been registered with the Care Inspectorate since 2011.

Crosby House is registered to provide care for up to 40 older people. The home has two floors, and an interesting garden, all of which are available to all people. Each floor has bedrooms with en-suite toilets, shared bathrooms, a sitting area, a dining area and space for leisure activities.

## About the inspection

This was an unannounced inspection which took place on 24 and 25 June 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 12 people using the service and four of their families
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

People spoke positively regarding the care and support and were generally happy living in Crosby House.

Staff were working well as a team and communicated effectively together.

Staffing arrangements needed to be reviewed to ensure people received responsive care and meaningful connection, in both units in the home.

Quality assurance processes weren't always identifying areas for improvement.

Daily recordings needed to be more evaluative to capture people's outcomes and achievements.

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

The service had a relaxed atmosphere and people told us they were happy living in Crosby House. We were told, 'They do a good job. If it wasn't for them, I'd be lost' and 'The staff are always friendly and welcoming'. Positive relationships had been developed and this made people feel at home.

People had support plans in place which detailed the care and support they required. Risk assessments were also in place with appropriate measures to reduce risk for people. Where people were experiencing stress and distress, details were guiding staff with different strategies to alleviate their symptoms. Unfortunately, some people on the first floor did not experience good outcomes in respect of the management of stress and distress. Staff did not appear to have time to use strategies to manage distressed reactions and behaviours, as stated in people's support plans. This was mainly due to staff having limited time to spend with people out with care tasks. **See requirement under key question 3.**

People had access to external professionals where required. Services such as the dietician, district nurses and podiatrist had been arranged for people. This was benefitting their overall health and kept people well.

The service had recently implemented an electronic system for medication administration. Staff spoke positively regarding this system and how it reduced the potential for any errors. Records sampled complied with their prescriptions and as a result, people's medications had been administered safely and appropriately.

People had varying opinions regarding the meals on offer. Some told us, 'The meals could be better' and others commented that the food was 'awful'. We discussed this with management who advised that the meal provision had been reviewed and that meals were going to be traditional and home cooked moving forward. People told us they were looking forward to this positive change. We will follow this up at our next inspection.

Some people on the first floor did not receive appropriate levels of support and supervision at mealtimes, which resulted in one person sitting with food for a long time until it had gone cold. Some people on the first floor sat for long periods of time without engagement or encouragement to move. People had pressure relieving cushions in place, however, to maintain people's skin integrity, regular movement should be encouraged. At the time of inspection, it was clear to see that staff were working hard to care for people and offer the required support, however, demands on their time meant that some people were not supported to meet their full potential. **See requirement under key question 3.**

There were systems and procedures in place to help ensure safe infection prevention and control. Staff had the right knowledge and skills to keep people safe in a clean environment and domestic staff were working hard to maintain standards. However, some bedrooms and ensembles were cluttered with toiletries and other items on the shelving above the toilet area, which made it difficult to keep clean and comply with infection prevention and control (IPC) guidance. We discussed this with manager and staff and were advised that they were addressing this problem promptly. We will follow this up at our next visit.

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There was a new manager in place and we were told that there were changes in the leadership structure in the organisation underway, with new systems being implemented for quality assurance. We look forward to seeing how this develops, to support improvement, at our next visit.

A service improvement plan was in place, based on the quality framework for care homes for adults and older people. The plan identified what the service was doing well, however, further work was necessary to identify what improvements were needed across the service. We discussed with the manager to ensure that a clear and detailed action plan with completion dates was in place within the improvement plan, moving forward. **See outstanding requirement under 'What the service has done to meet any requirements made at or since the last inspection' section of this report.**

There were some quality assurance systems in place to monitor aspects of service delivery. However, some of these systems had not been effective in identifying areas for improvement. For example, the system for determining people's dependencies and staffing arrangements needed reviewed, as the information being captured with the existing process was inaccurate. Managers daily walk rounds were not identifying some areas of concern within the environment. This meant that people were not always benefitting from a culture of continuous improvement. **See outstanding requirement under 'What the service has done to meet any requirements made at or since the last inspection' section of this report.**

Audits of health and safety and infection prevention and control (IPC) had been completed recently and action points identified. It was positive to see that these actions had been escalated and were either resolved, or in the process of being resolved. Information and actions from quality assurance processes and audits should be included and tracked through the overall service action plan.

While observation of staff practice and competency had taken place on an individual basis, managers had not completed wider observations of service function, in order to analyse and evaluate people's experience. This was particularly evident for people experiencing care on the first floor where through our observations, we identified some poor outcomes for people. **See requirement under key question 3.**

Some people told us that managers spent time in the office more often than on the floor observing what was going on. We also observed this to be the case at the time of inspection. Managers and staff would benefit from senior visibility on both floors. We discussed this with managers who agreed they would be working closely with staff moving forward.

Staff told us that they felt confident to raise concerns with the managers of the service however, some felt that this had had little impact on improving quality for people experiencing care. We discussed with managers the importance of working closely alongside staff, to ensure that they are listened to, and feel involved with any positive improvements in the home. We will follow this up at our next visit.

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People benefitted from a warm atmosphere because staff had positive working relationships. Staff told us, 'I love my job' and 'We are working very well as a team. My colleagues are like family'. Overall, there was a good team culture and we heard staff communicate effectively to support the improvement of outcomes for people.

Staffing arrangements were determined from information contained in people's assessments and personal plans. Data being collected from personal plans about the time that carers spent supporting people was flawed. This was due to staff having difficulties recording their input at the point of care. For people on the first floor this resulted in minimal numbers of staff, which were insufficient to fully meet their needs. Other methods of collecting information to determine staff time are required to ensure safe and effective working practice. **See requirement 1.**

Staff appeared rushed, continuously responding to nurse calls from people who chose to spend time in their rooms on the first floor. During the inspection, we intervened on three occasions to seek support for people, and on one occasion domestic staff provided support to someone to get to their room so that they could use the bathroom. This person had been shouting for help and no one had been available to attend. As a result, care and support was not always responsive to meet people's needs. **See requirement 1.**

Staff demonstrated a good understanding of the principles of meaningful contact and wanted to support people with this, however on the first floor staff did not have time to engage in meaningful conversations and interactions with people. This meant there were missed opportunities for people to be able to socialise with staff and be supported to achieve positive outcomes. **See requirement 1.**

Staff told us that they had lots of training which helped them to carry out their role. Training was completed online and sometimes face to face, which staff felt was beneficial.

Staff had received a formal supervision with their line managers which was supporting them in their roles and professional development.

Staff breaks were managed well to minimise disruption, and staff communicated well with each other about people's needs throughout their shift. Those who were not directly involved in delivering care were recognised for their importance in the overall effectiveness of the service.

Overall we received very positive feedback from residents and their families about the quality of staff. One person told us that they felt like 'part of the family' and another described how well the team had supported them emotionally throughout their loved ones care home journey and recent decline in health.

## Requirements

1. By 29 September 2025, you the provider, must ensure that staffing arrangements are right and that people receive responsive care that meets all of their care needs and enables them to experience meaningful connection. In particular you must ensure that:

a) Managers carry out a full staffing review to ensure there are enough staff on each floor to meet people's needs.

b) Managers use a variety of different methods of collecting information to determine/inform staffing arrangements, for example, through observations.

c) The numbers and skill mix of staff employed are based on an accurate assessment of people's needs and identified areas for potential harm.

**This is in order to comply with section 7(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.**

**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).**

## How good is our setting?

## 4 - Good

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

Overall the service was welcoming. It was clean, tidy and free from unnecessary, intrusive smells. Noise from the nurse call system was almost continuous throughout the day. This had the potential to cause distress to people living and working in the home. Research has identified that call bell noise can be a significant trigger for people, especially for those experiencing dementia. The service must seek ways to reduce negative impact of call bells. **See area for improvement 1.**

Communal areas were bright and spacious. They provided good opportunities for observation from staff. However, the layout in some areas appeared to be more functional than meeting people's needs and preferences. Some areas of the home felt more clinical than homely and most people on the first floor were spending the majority of time in their rooms. More work was necessary to ensure that communal spaces were inviting and encouraged inclusion. We discussed this with managers who were already working to improve these areas for people. We will follow this up at our next inspection.

The quality of some fixtures and furniture should be improved. For example, some of the cabinets in the kitchenette areas were damaged and would not meet compliance for infection control standards. **See area for improvement 1.**

People were able to have personal belongings in their rooms, which helped them feel more at home. Some bathrooms were very cluttered and untidy, with some risk of cross infection where belongings may be exposed to droplets from toilet flushing. Some of the bathroom counter surfaces were subject to wear and tear, making compliance with infection control difficult. We discussed this with the manager and work had already begun to rectify this issue. We will follow this up at our next visit.

The garden area was easily accessible and offered pleasant, safe spaces for people to enjoy the outdoors. People were helping with growing fruit and vegetables and tending to plants. There was plenty of comfortable, seating areas for people and their families to use. Plans were in place for summerhouses to be installed and this would offer a bar and a shop. We look forward to seeing how this has positively impacted people at our next visit.

People were accessing the local community and told us of recent trips to Dobbie's garden centre and out to see shows. People were supported to integrate with the local community, retaining a sense of purpose.

A procedure for maintenance was in place and the service had all relevant certification in place to ensure all safety and maintenance checks had been completed, in order to keep people safe.

People told us that they were very satisfied with the cleanliness of the service and told us that domestic staff carried out their job to a very high standard and that they were respectful when working in their rooms.

## Areas for improvement

1. To ensure people experience care in an environment that is safe and free from intrusive noise, the provider should ensure all fixtures and fittings are well maintained and seek ways to reduce the negative impact of call bells.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The electronic system for support plans and assessments didn't support staff to input accurate information easily, at the point of care. This made analysis of the information inaccurate. Devices were not available for all staff therefore some staff were taking notes for inputting info into system when they had time later in the shift. We discussed this with managers who had identified areas for improvement with the system and identified staff who would be super recorders to support the wider team.

People were involved in their six-monthly care reviews and recordings had captured their feedback at these meetings. This ensured people were directing their own care to ensure it was effective and that no changes were required.

Daily notes were not evaluative and recording of these was inconsistent and were not capturing what people had achieved day to day. Notes appeared very task orientated, mainly focussing on food and continence. We discussed this with the manager who stated they were aware of this issue and were currently working to improve these recordings. **See outstanding requirement in 'What the service have done to meet any requirements made at or since our last inspection' section.**

Some documents were in place within the support plans to guide staff as to who to contact when required for consent. For example, where people had formal powers such as guardianship and power of attorney in place, these were accessible for staff.

We spoke with people and their representatives and were told that they did not have access to care plans and were not aware that this was a possibility. People told us that they had been involved in developing and reviewing people's care, which ensured people were involved with their loved ones care. We discussed this with managers who advised they would inform people and their representatives of how to access care plan documentation. We will follow this up at our next inspection.





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

### Requirements

#### Requirement 1

By 16 May 2025, the provider must ensure safe and effective support for people.

In order to do this the provider must, at a minimum:

1. Ensure all quality assurance and audit systems are timeously completed
2. Ensure analysis takes place and improvements are identified
3. Ensure all improvement are monitored, via the improvement plan, through to their completion.

This is to comply with 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 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 27 January 2025.

#### Action taken on previous requirement

There was a new manager in place and we were told that there were changes in the leadership structure in the organisation underway, with new systems being implemented for quality assurance. We look forward to seeing how this develops, to support improvement, at our next visit.

A service improvement plan was in place, based on the quality framework for care homes for adults and older people. The plan identified what the service was doing well, however, further work was necessary to identify what improvements were needed across the service. We discussed with the manager to ensure that a clear and detailed action plan with completion dates was in place within the improvement plan, moving forward.

Manager had not been in post long and needed time to embed quality assurance systems to ensure their effectiveness in the service.

We discussed that this requirement will be extended by 12 weeks. We will follow this up at our next visit.

**Not met**

## Requirement 2

By 16 May 2025, the provider must ensure safe and effective support for people is guided by accurate support plans.

In order to do this the provider must, at a minimum:

1. Ensure all support plans are accurate throughout all sections
2. Ensure the same descriptions and language are used to describe peoples lives
3. ensure all documents are in place and easily accessible at the point where they may be required.

**This is to comply with Regulation 4(1)(a) and 5 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 27 January 2025.**

### Action taken on previous requirement

Care plans sampled were detailed and person-centred and gave good information to guide staff with support required for people.

Daily notes were not evaluative and recording of these were inconsistent and not capturing what people had achieved day to day. These were very task orientated focussing on food and continence. Manager stated they were aware of this and currently working to improve these recordings.

Staff did not have enough access to documentation via iPads to input information at the point of care therefore, staff were not using the system to its full potential.

Some documents were in place within the support plans to guide staff as to who to contact when required. For example, where people had formal powers such as guardianship and power of attorney in place, these were accessible for staff.

**We discussed that this requirement was not fully met and would be extended by 12 weeks. We will follow this up at our next visit.**

**Not met**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
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
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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