

South Grange Care Home Care Home Service

South Grange
Grange Road
Monifieth
Dundee
DD5 4HT

Telephone: 01382 535 111

Type of inspection:
Unannounced

Completed on:
24 July 2025

Service provided by:
Barchester Healthcare Ltd

Service provider number:
SP2003002454

Service no:
CS2007142954

About the service

South Grange Care Home is located in Monifieth, Angus. The home provides 24-hour residential and nursing care to a maximum of 64 older people. The service also provides rehabilitation, respite and long-term care to a maximum of 21 people with physical and sensory impairment. This care is provided in a separate unit within the home called the Seven Arches.

All areas work to the same policies, procedures and principles as laid out by the registered provider Barchester Healthcare Ltd. At the time of our inspection 76 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 20, 21 and 22 July 2025. The inspection was carried out by four inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- Spoke with 18 people using the service;
- Spoke with 11 families;
- Spoke with 10 staff and management;
- Received online surveys sent out prior to the inspection. We received feedback from one person using the service and eight external professionals;
- Observed practice;
- Reviewed documents.

Key messages

- People and their families were mostly happy with the care and support provided.
- People's health needs were supported well.
- People's records need to be kept up to date and there should be regular reviews of people's care and support.
- People benefited from a clean, homely and comfortable environment.
- The management of and prevention of falls had improved.
- Quality assurance processes were effective, and the home was well led.
- The leadership team should ensure that observations of practice are carried out regularly focusing on all areas of practice in line with the Health and Social Care Standards.

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?	5 - Very Good
How good is our staff team?	5 - Very 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 several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Most people and their families spoke positively about the care and support they received. One person told us "This is my home, it's absolutely wonderful", and another shared, "we get well looked after, I would give them 10 out of 10". Staff knew people well and this enriched the lives of people experiencing care. One family member told us, "I feel they know and understand her. She seems to trust the staff".

We saw some kind and caring interactions between staff and the people they supported. One external professional told us, "I have witnessed many interactions with residents, and their delivery is with compassion, kindness and thoughtfulness". However, during our inspection, we observed occasions where staff did not engage well with people. For example, staff did not communicate what was happening when moving someone which could contribute to stress and distress. This did not reflect the principles of the health and social care standards.

(See area for improvement 1).

Care and attention were taken to help support people to look their best. People looked well and were well presented. One family member shared, "my mum always looks very well taken care of". People were supported to maintain their individuality, for example, with their jewellery, nails painted and visits to the onsite hair salon. This contributed towards people's confidence and pride in their appearance.

The service had an outstanding area for improvement regarding meaningful activities. This has been met. We reported our findings under the following section of this report 'What the service has done to meet any areas for improvement made at our or since the last inspection'.

The service had strong links with healthcare professionals. Referrals were made timeously. This meant people's health benefitted from the right healthcare at the right time. One external professional told us, "staff are responsive to queries and know who to contact in case of emergencies". However, on day two of the inspection, one professional raised concern regarding communication with residents about scheduled appointments. It was noted that some people had not been informed in advance, which led to avoidable distress. This highlighted the importance of consistency. It is important to keep people well-informed about matters that affect them, in line with the Health and Social Care Standards, to uphold dignity, choice, and emotional wellbeing.

People's health was regularly monitored. This included people's skin condition, weight, and mobility. Staff regularly reviewed people's health needs through clinical risk meetings. This meant that people received care and support based on their current circumstances. This kind of monitoring promoted people's health and ensured that any changes to people's health were identified and responded to quickly. However, some staff felt information they had shared about people's care and support had not always been discussed at these meetings. The management team should ensure this is incorporated in meetings. We will follow this up at our next inspection.

Most families told us communication was good, and they were informed immediately of any issues. However, one family reported a lack of communication between staff, which meant that not everyone was up to date with people's needs.

People could be confident that the service had good management oversight in reducing the risk of falls and that measures were in place to protect them. The service had an outstanding requirement regarding the prevention and management of falls. This has been met. We reported our findings under the following section of this report, 'What the service has done to meet any requirements made at/or since the last inspection'.

Where people had experienced a wound, they received good wound care. Each wound was documented with regular measurements and photographs taken. Detailed treatment plans were in place, and advice was sought from specialist health care professionals when needed. This helped to reduce pain and promote healing.

People's dietary and hydration needs were being met. People benefited from homecooked, varied, and well-balanced diet. Textured diets were well presented which helped to enhance people's appetites. We observed that people enjoyed their meals in a relaxed and unhurried atmosphere. People reported they really enjoyed their food, and this supported their nutritional intake. If people did not like the menu, then an alternative would be provided. The manager undertook regular dining experience audits to ensure quality.

The kitchen staff had a good overview of people's nutritional needs, including where people required their diet to be fortified. This ensured people's meals were tailored to their needs. Systems were in place to monitor and manage nutritional risk effectively. People who had been identified at risk of weight loss or malnutrition, were monitored as part of the clinical monitoring overview for the service. This helped to ensure correct actions had been taken. However, we found some weight charts to be unclear, and some people had not been weighed at their required frequency. We brought this to the manager's attention and had confidence that this would be addressed.

The service had a medication policy in place, and medication audits were carried out. We examined a sample of medication administration records and found that people had received the right medication at the right time. This helped people to maintain good health.

Areas for improvement

1. To ensure people are treated well, the provider should ensure staff understand and act in accordance with the principles of dignity, compassion, respect and choice set out in the Health and Social Care Standards.

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

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me'. (HSCS 3.13).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Leaders were proactive at ensuring quality care was in place. The service was well led and benefited from a committed manager and leadership team. They were focused on supporting the team to continually

improve outcomes for people. External professionals visiting the service provided positive feedback, noting that the leadership team consistently endeavoured to maintain very high standards. This reflected a commitment to quality care and professional practice within the team. Leaders were observed to be accessible to people living in the service, staff, and visitors. Most people and their families told us that they felt management supported and listened to them. This encouraged people to feel valued and listened to.

Leaders of the service demonstrated a clear understanding about what was working well and what improvements were needed. They ensured that the needs, outcomes and wishes of people living in the service were the primary drivers for change. An improvement plan was in place which gave us confidence that they were committed to continuous improvement for people. It was positive that the service had started to undertake a self-evaluation of the service based on the Care Inspectorate's Quality Framework. They plan to further develop this, and we look forward to seeing this at our next inspection.

Quality assurance processes were effective. A system of audits and checks were in place and regularly completed. This helped identify strengths and respond to areas where the service could improve.

The service regularly evaluated people's experiences of care. People's views about the service were considered during residents' and relatives' meetings, and with a survey. When issues were raised, the service took action to improve things in response to people's views. Improvements made were recorded on you said/we did documents. This meant that the service was working with people to drive forward change and improvement. The service would benefit from planning these meetings in advance to ensure they are undertaken at regular intervals.

Questionnaires were issued to all staff on an annual basis, which allowed staff the opportunity to express their opinions in relation to various aspects of their role, line manager and organisation. This meant there was a whole team approach to the development of the service.

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. There was evidence that leaders learnt from adverse incidents and complaints to improve the quality of care and support. One external professional told us, "any incidents that have arisen have always been dealt with swiftly and professionally". This supported good outcomes for people and reduced the likelihood of repeat occurrences. We reminded the management team to make notifications to the Care Inspectorate timeously and were confident that this would happen.

People had been evacuated from the home following an adverse event. This incident had a significant impact on people, families, and staff. Some families felt there had been a delay in communication about their relatives' wellbeing and location at this time. A debrief meeting had been held with families on people's return home. A tabletop exercise to review the incident and to identify lessons learned had been arranged. We advised the provider to maintain open communication and provide regular updates to people and their families to reassure them that appropriate actions were being taken.

Some observations of staff practice were carried out. Our findings were reported under 'How well do we support people's wellbeing?' Highlighted that the service would benefit from having a plan of regular observations of practice and spot checks to assess staff performance and competency. This is to ensure staff are working in accordance with the Health and Social Care Standards. **(See area for improvement 1).**

Leaders of the service undertook weekly walk rounds of the home. It was positive where actions had been identified; these were identified timeously. This helped promote better outcomes for people and drive improvement forward.

A regular newsletter and Facebook page share relevant and valuable information with families on activities and developments in the service. This helped keep families informed and updated.

Areas for improvement

1. To ensure that people can be confident that staff supporting them are competent and skilled, the provider should ensure regular formal observations of staff practice are planned and undertaken. This is to support staff to understand how their training and development impacts on practice and to improve outcomes for people who use the service.

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).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore, we evaluated this key question as very good.

Staff reported feeling well supported in their roles. The leadership team were described as approachable and encouraging. This kind of support made staff feel valued, and that helped build their confidence when providing care and support for people.

Staff received support through one-to-one and group sessions. The manager had a supervision matrix to track upcoming sessions and ensure timely oversight. Although not all supervisions were up to date, we are confident this will be addressed. We will follow this up at our next inspection.

Learning opportunities were developed to meet the needs of people who lived in the care home based on evidence and practice guidance. For example, group supervision sessions focused on clinical trends and included "clinical shots" which were short lessons from real scenarios. One example was a blister on a resident's ankle, which led to training on heel care and pressure prevention. This helped staff improve their knowledge and care quality.

Staff working in the seven arches unit in the home had good knowledge, skills and understanding of people's needs within the unit.

New staff benefited from a robust induction programme. Staff members were allocated a mentor. The induction included a wide range of learning methods such as face-to-face training, mandatory sessions and e-learning modules. Staff benefit from a two-day online course covering mandatory elements such as safeguarding prior to two weeks of shadowing other workers. This prepared staff to care and support people living in the home.

Staff progression and development was actively encouraged and well supported throughout the service. Clear role progression maps provided staff with clear direction for career growth. These were discussed during one-to-one supervision sessions, which created space for feedback and professional reflection. This

structured approach enhanced morale and motivation within the service

Some team members completed care practitioner programmes, gaining advanced training and responsibilities. These experienced staff acted as mentors, guiding and supporting their colleagues. However, as noted previously, not all interactions observed were consistent with the principles of the Health and Social Care Standards and this highlighted a need for more robust oversight and accountability to ensure consistency across the team.

Staff champions had been appointed who led and supported the development of staff learning across a variety of different topics, for example, infection control and prevention and dementia care. This allowed sharing of knowledge and skills within the team.

The leadership team supported the wellbeing of staff. An employee assistance programme provided a 24-hour help line to support staff thought any life issues or problems.

Staff meetings took place regularly. This meant staff were provided with the opportunity to share ideas views and to support communication across the organisation.

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.

People told us they were comfortable living in the home. One person shared, "it's like being home from home" and a family member told us "The place is lovely; I can't fault the décor and maintenance". Effort had been made to create a homely environment by way of the décor, furnishings and pictures on the walls.

The atmosphere within the home was pleasant and relaxed. People benefitted from a comfortable, welcoming home. The weather was warm during our inspection, and we reminded the provider of the importance of ensuring people had adequate fresh air and ventilation.

The service had an outstanding area for improvement to ensure people experience a clean, tidy, and well-maintained environment free from unpleasant odours. This has been met. We reported our findings under the following section of this report 'What the service has done to meet any area for improvement made at our/ since the last inspection'.

Bedrooms were personalised, bright and homely. This promoted each person's experience, dignity, and respect.

The use of specialist technology allowed some people to have control of their environment such as switching on and off their lights and controlling their television. This promoted people's independence. Call alarms were available in people's rooms and some people wore alarm pendants. This meant people could call for assistance when needed. One family member reported that people could not summon help easily from the communal areas. The service should review people's equipment needs to ensure they receive responsive care in all areas of the building and grounds. We will follow this up at our next inspection.

There were communal lounges available for people to spend their time. Furniture was of good quality and

had been laid out in communal areas in a way that encouraged socialising. This contributed positively to a comfortable living environment.

A cafe area provided people and their visitors a place to relax, socialise and enjoy a refreshment. One family member told us that, "I come and get a coffee/tea and it's just a joy to be in this space".

There was a large, enclosed garden with seating and raised flower beds for people to enjoy. One family told us that the garden was a "tranquil place". We also heard some people had enjoyed having their meals outside on nice days. However, one family told us that their relative who lived on the upper floor of the building could not access the garden area freely as they were reliant on staff to operate the lift. The management team should review accessibility arrangements to ensure all residents can enjoy the garden area where possible.

People benefited from a well-maintained environment. There were clear, planned arrangements for regular monitoring and maintenance of the premises and equipment to ensure people were safe. The service employed a maintenance team, and this ensured ongoing maintenance was identified and progressed timeously.

How well is our care and support planned?

4 - Good

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

People had personal plans in place which contained good information about their care and support needs. They were personalised and reflected the personalities and preferences of people.

Personal plans and daily progress notes were handwritten which made them difficult to read. This meant that it was difficult to understand the content at times and therefore key information might be missed. The manager informed us of plans to move to an electronic care plan system which should improve the quality of records. We will review this during our next inspection.

Outcomes were set in accordance with the things that were important to people and things they wanted to achieve. To make this process more meaningful the provider should evidence and record people's progress towards meeting their goals and outcomes.

Personal plans were informed by a range of health assessments that were regularly evaluated and updated. People we spoke to, and their families said they did not always feel involved in the review or development of their plan and some six-monthly reviews meetings had not taken place. This meant people and their representatives were not given the opportunity to direct their care and support. **(See area for improvement 1).**

Daily progress notes did not always reflect people's outcomes, views and feedback. Some notes contained vague statements, and some had not been completed timeously. Therefore, they lacked information that would contribute to the review and evaluation of people's care and experiences. **(See area for improvement 1).**

Legal documentation was in place to ensure people were protected and their rights were upheld. The service had consent forms in place which were signed by the appropriate person should any restrictions be

in place. This helped ensure people's human rights were recognised and promoted.

Most people had anticipatory and end of life care plans in place. The plans reflected people's individual needs and wishes. This meant people's specific wishes and preferences could be attended in the event of a person's condition deteriorating.

Areas for improvement

1. To support people's health and wellbeing and improve outcomes the provider should ensure that people's personal plans and daily records are outcome focussed and that reviews take place, at least every six months and reflect the views and wishes of people and/or their welfare guardian/appointed representative.

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

'My personal 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 am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17).

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

Requirements

Requirement 1

By 31 May 2025, the provider must make proper provisions for the health, safety and welfare of people using the service.

In particular the provider must:

- a) Make proper provision for the prevention and management of falls.
- b) Ensure the risk of an individual falling is consistently assessed and reviewed when their needs change or following a fall.
- c) Ensure a fall prevention care plan is developed to identify the risks and how the risks should be reduced.
- d) Ensure the consideration of alternative fall prevention equipment when existing equipment is ineffective.

This is in order 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 care and support is consistent with 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 17 April 2025.

Action taken on previous requirement

The service was using a multifactorial risk assessment to minimise the risk of falls. People's mobility care plans had been updated to include details of falls prevention and management. These were updated monthly or sooner if a person's condition changed and following a fall.

All new admissions to the home had received a safe room assessment. This reviewed people's environment and provided actions to be taken to keep people safe.

Where people had experienced a fall, accident/incident forms were being completed. This included a post fall analysis to look at any follow up action to be taken to reduce recurrence.

A falls committee reviewed and evaluated each person's care and support following a fall. This helped to identify trends and reviewed equipment in use.

We heard that falls had fallen by 28% over a recent two-month period.

This requirement has been met.

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 to ensure individuals 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, the service should create improved opportunities and individual choice regarding preferred activities and ensure individuals can have an active life and participate in meaningful daily activity.

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

'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'.
(HSCS 1.25).

This area for improvement was made on 17 April 2025.

Action taken since then

There were a range of activities available for people to participate in. The service employed a team of activity coordinators, and a weekly timetable was on display within the home. Activities included individual time with people, trishaw rides, walks with individuals, dance class and bingo. The home also celebrated events throughout the year and had an additional monthly programme of events these included Wimbledon celebrations, visit from belly dancers, a Cowboy Day and celebrating National Ice Cream Day. These opportunities provided structure to a person's week, and enhanced people's mood and wellbeing.

Outings to local garden centres and places of interests supported people to access their local community and provided people with a sense of purpose. One person told us they would like to go out more and this was arranged.

We heard examples of people receiving 1 to 1 support from the activity coordinators as part of the resident of the day scheme. One person who had limited hand movement, was supported to play on a game console using an adaptive controller that allows them to play using a sensor. Another person spent time playing his guitar to staff. These activities brought joy to people and meant they were using their time meaningfully.

People were encouraged to move regularly and remain as active as they can be, including using outdoor space where possible. There was an enclosed garden and weekly use of trishaw cycles.

Intergenerational relationships are promoted through regular visits from a local nursery. The home recently held an annual picnic with the children within the grounds of the home. This promoted social connections between people of different ages

People's spiritual health was also supported through a monthly church service held within the home. People were also supported to attend the local church for their songs and memories group. This enabled people to maintain links with the local church.

However, we found many people chose to spend time in their rooms and some people told us activities were limited and did not reflect their interests. One family member felt there could be more interaction by staff when people were in the lounge areas, this reflected our observations. We advised the management team to continue to review activities for people to ensure they are personalised, meeting people's preferences, and wishes. We will follow this up at our next inspection.

This area for improvement has been met.

Previous area for improvement 2

In order to ensure individuals, experience a clean, tidy and well-maintained environment free from unpleasant odours, the service should: improve managerial oversight of domestic activities to explore gaps in provision. The service should also review infection prevention and control procedures for the transport of soiled linen and consider renewing or deep cleaning malodorous carpets and furnishings.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (HSCS 5.24)

This area for improvement was made on 17 April 2025.

Action taken since then

We found the home to be clean and tidy. Some carpets had been replaced. On the first two days of the inspection, we found the service to be free of unpleasant odours. On day three of our inspection, we observed a slight odour on the upper floor of the building. The service was warm, and we spoke to the manager about opening more windows to aid ventilation. We did not notice the same level of odour later in the day. The management team should continue to monitor this.

We saw domestic staff working hard to ensure the environment was kept clean and free from infection. Cleaning schedules were in place which were regularly audited by the manager. This helped to ensure people were safe and enjoyed a pleasant home environment.

Laundry trolleys were used to transport soiled linen to the laundry.

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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very 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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