

## Ostlers House Care Home Service

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Kirkcaldy  
KY2 6GH

Telephone: 01592 583 442

**Type of inspection:**  
Unannounced

**Completed on:**  
14 July 2025

**Service provided by:**  
Fife Council

**Service provider number:**  
SP2004005267

**Service no:**  
CS2015337334

## About the service

Ostlers House is a 60 bed purpose-built care home located in Kirkcaldy. The home is situated close to parks, shops and other local amenities. Accommodation is provided within five units and over two floors. There is ample communal space and access to a garden. The service is provided by Fife's Health and Social Care Partnership.

The aims and objectives of the service reflect the principles of the Health and Social Care Standards, specifically with a focus on maintaining people's independence and connection with the community.

There were 55 people living here, including 8 accommodated within the designated Short Term Assessment and Rehabilitation unit.

## About the inspection

This was an unannounced inspection which took place between 8 - 10 July 2025 and between 10:00 - 19:00. The inspection was carried out by 2 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 15 shared their views via questionnaires
- spoke to 6 visiting family and 5 shared their views via questionnaires
- spoke with 20 staff and management and 4 shared their views via questionnaires
- observed practice and daily life
- reviewed documents
- spoke with 1 visiting professional and 3 shared their views via questionnaires.

## Key messages

- Staff were knowledgeable, caring and respectful.
- People living here were happy with the service they experienced.
- The home was clean and provided very good facilities.
- Relatives felt welcomed and involved.
- Improvements were required in staffing and quality assurance.
- Work to improve care and support was ongoing.
- We extended timescales for required improvements to anticipatory and end of life care.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	5 - Very 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?

## 3 - Adequate

We evaluated this key question as adequate. We found strengths that contributed to positive experiences and outcomes for people but further improvements must be made. **Please see outstanding requirements.**

During the inspection, staff interactions with people living in the home and their visitors were consistently observed to be respectful and friendly. Residents generally reported feeling happy and stated that they felt respected by care staff.

Both residents and their relatives expressed that the presence of permanent staff provided reassurance. They felt confident that their loved ones were being cared for in a manner consistent with their expectations, despite a noted lack of continuity in staffing.

Positive feedback included comments such as:

"The food's good, the staff are great, and the accommodation is excellent."

However, communication was found to be undermined by frequent staff changes. One relative commented that:

"Communication could be poor. New staff didn't know how to look after their loved one."

This indicated that inconsistent staffing had a negative impact on the continuity of care and the effectiveness of communication between staff, residents and their families.

Visitors confirmed they enjoyed open visiting, which helped them and their loved ones remain connected and involved in important events.

Staff demonstrated they knew the people in their care and the home's daily routines. Agency staff reported being well supported and that the home was well organised. They had all they needed to support good care and support. Care records were well presented and could generally guide staff to support people in a way that reflected their needs and wishes. Improvements could be made in the level of detail recorded and in recording how effective any treatments, care and support had been. **Please see Area for Improvement recorded under Key Question 5.**

People enjoyed very good facilities and could choose where to spend their time. The provision of activities was recognised as an asset as was access to the garden and getting out with family. The re-opening of the community café had provided another highly valued option for people and a link to their neighbours.

We found people felt safe and that staff had a good understanding of their responsibility to protect people. They were confident about raising concerns. Relatives confirmed they could easily approach staff with any issues and felt confident in the response.

People's health and wellbeing were observed to benefit from the involvement of community healthcare professionals. The process of initial and ongoing health assessments was found to rely significantly on input from these professionals, which supported a person-centred approach to managing skin care and long-term conditions.

It was also observed that, similar to communication with relatives, the effectiveness of responsive care and support was vulnerable to the availability of permanent staff. Inconsistent staffing sometimes impacted the ability to report health concerns promptly and accurately to relevant professionals. **Please see Requirement recorded under Key Question 3.**

Medication was observed to be well managed, and people were seen to receive the correct medication or treatment at the appropriate times. During the inspection, an issue was identified regarding the storage of medication. One clinical room was observed to be vulnerable to high temperatures due to the ongoing heatwave. Although this had previously been recognised by the management team and reported to the provider, the risk had not been addressed at the time of inspection. Immediate action was taken in response to our concerns to mitigate the risk. **Please see Area for Improvement 1 and Requirement recorded under Key Question 2.**

Personal plans were designed to support an assessment of activities of living and were supplemented by assessment tools and risk assessment. The manager had oversight of indicators reflecting outcomes experienced by people using the service. This meant records and audits could support the delivery and evaluation of care and support. The level of detail held within records was inconsistent and recognised as an area for ongoing improvement. **Please see Area for Improvement recorded under Key Question 5.**

We found a person centred approach to falls management. The numbers of staff available supported good supervision and staff were quick to respond to call bells and requests for assistance.

An area for improvement identified since our last inspection was in relation to palliative and end of life care. People should expect this precious time to be managed in line with the person and their family or representative's wishes. We found good progress was being made to ensure care at this time could be anticipated and plans agreed. Some staff had received training delivered by the Quality Assurance Team. They reported this as increasing their knowledge of how to support people with incapacity and their representatives. This work is ongoing and will be followed up at our next inspection. **Please see outstanding Requirements.**

We found people enjoyed their meals and there was a good supply of drinks and snacks. Food and fluid charts assisted staff in ensuring extra support where needed. People enjoyed their meals in an unhurried, relaxed atmosphere and staff numbers meant they benefitted from the right level of support.

Since our last inspection, the internet had been improved and people were actively supported to keep in touch. The home had a very good approach to visiting, which meant people could benefit from the emotional and physical wellbeing that meaningful contact can bring. Individual birthdays and family events were celebrated. It was evident permanent staff valued the life story people brought with them and understood the importance of maintaining people's identity. We found improvements had been initiated to protect people's belongings, including managing laundry. This remains a work in progress and will be followed up at our next inspection. **Please see Areas for Improvement 2.**

Although we have recorded an area for improvement under key question 4, we found good infection prevention and control in place to protect people living here. Very good housekeeping and cleaning meant Ostlers House was clean, uncluttered and free from offensive smells. People reported a high level of satisfaction with the home, describing it as "very clean" and "welcoming".

## Areas for improvement

1. To support people's health and wellbeing and mitigate the risk to the effectiveness of medication, the service should ensure that medication is stored at the appropriate temperature and immediate action taken where routine checks identify where this has been compromised.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

2. To support people's wellbeing and dignity, and mitigate the risk of lost property, the provider should continue to develop a responsive inventory records and laundry system to identify ownership of clothes, protect and return them in a timely manner.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate. We found strengths that contributed to positive experiences and outcomes for people but further improvements must be made.

We found the manager and their permanent staff had a clear understanding about what was working well and which improvements were needed. Their focus was the day-to-day service people in their care and their families experienced. This meant they understood the aims and objectives of the care home and people enjoyed a positive culture of care. Despite staffing pressures, there was strong day-to-day leadership, which meant people enjoyed a well organised service.

We found the provider had the systems in place to monitor the delivery of care and support. These included a monthly manager's report that informed senior management about the information gathered. The home benefitted from support from the provider's Quality Assurance Team carrying out audit and delivering training. Permanent staff were involved in evaluating people's experiences by way of key worker systems and delegated management tasks. However, we found systems were undermined by staff numbers that were heavily reliant on casual staff. People benefited from a process of review regarding their day-to-day support, but a lack of permanent staff undermined continuity and the process of evaluation. **Please see Requirement recorded under Key Question 3.**

The manager was observed to involve permanent staff in quality assurance activities. Staff were clear about their responsibilities and demonstrated a strong focus on delivering high standards in all aspects of day-to-day care and support provided to residents.

Monitoring of standards and efforts to support improvement were evident. However, it was observed that actions identified through these processes were not always consistently implemented or followed up. This limited the overall effectiveness of the quality assurance system in driving sustained improvements. **Please see Requirement 1.**

People felt confident giving feedback and raising concerns, which meant people living here could be protected and areas for improvement identified. Action taken to address findings from recent complaint activity focussed on providing training and developing records to reduce future risk of people experiencing poor outcomes. That work is ongoing and will be reviewed at our next inspection.

The provision of Short Term Assessment and Rehabilitation (STAR) was found to be supplementing the immediate need for places for people leaving hospital and waiting for long stay provision. People were highly satisfied with their experience of care and support while waiting for a more permanent place to live. Areas for improvement remain in regard to policy, procedure and practice specifically in relation to the STAR unit. **Please see outstanding Areas for Improvement.**

## Requirements

1. By 17 October 2025, the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must evidence that quality assurance systems:

- support improvements, as demonstrated by feedback from people and the outcomes they experience
- result in effective remedial action and or risk management when areas for improvement have been identified.

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 'My environment is safe and secure.' (HSCS 5.17)

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate. We found strengths that contributed to positive experiences and outcomes for people but further improvements must be made.

We found safer recruitment checks were carried out before staff started work which could keep people safe. Staff confirmed they were supported locally to complete mandatory induction training and that the induction process included working alongside their colleagues with the people they were to care for. Staff were clear about their roles and responsibilities. Agency staff reported being well supported and confident in carrying out their job. The provider had identified vacancies and recruitment was ongoing. The provider could consider the participation of people who use the service, in the recruitment and induction of staff. This would ensure people were involved and included.

We found staff were able to meet more than basic care needs. People benefited from a warm atmosphere because staff worked well together. Staff were held in high regard by the people in their care and families. Comments included, "Care is excellent, communication is good".

Staff were clear about their roles and responsibilities. They described good teamwork and that they experienced a culture of respect and support. Staff morale was impacted by a lack of confidence around staffing. However, we found they worked well together and had valuable support from staff not involved in providing direct care.

The provider had a risk register/dependency tool in place to determine the numbers of staff required. An assessment of the complexity of individual people's care and support needs was also recorded.

We found the management of long term and short notice absence was a challenge to the provision and deployment of adequate numbers of staff and skill mix. We sampled rosters and records and found efforts to secure good staffing relied heavily on relief and agency staff. This meant there were interruptions to the continuity of staffing within all of the 5 units. This impacted on the outcomes experienced by people using the service and their families. In addition, staff were unable to complete routine and remedial quality assurance work associated with their role. **Please see Requirement 1.**

## Requirements

1.

By 17 October 2025, the provider must ensure that at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate for:

- the health, welfare, and safety of service users
- service aims and objectives and
- role specific workload.

This is to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 7 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(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: 'My needs are met by the right number of people.' (HSCS 3.15)

## How good is our setting?

## 5 - Very Good

We evaluated this key question as very good.

The design of the home meant people could experience smaller unit living, while having easy access to larger communal space and gardens. Being part of a larger care village could provide an opportunity for people to connect with their neighbours as well as those sharing the care home. The former day care area has increasingly become a resource for community based groups.

People benefitted from a modern, comfortable, welcoming environment with plenty of natural light and space. The home was clean, tidy and generally well looked after, with no evidence of intrusive noise or smells.

The location and culture of care supports the inclusion of family and friends. There was open visiting and pleasant areas for families to spend time outwith their loved one's bedroom if they wish.

The home had a relaxed, welcoming atmosphere. People had a choice of where they wanted to spend their time. Some people enjoyed company in sitting areas, whilst others preferred to be in their own rooms.

The large cinema/sun room provided space for larger group activity, church services and organised entertainment. The garden was an asset and accessible for most with staff supervision.



We found the home to be clean and generally well maintained. Bedrooms were spacious and residents told us that they were encouraged to personalise them. Larger rooms and tracking hoists were available as were larger bathing and toilet facilities, all of which could support staff deliver care to people with greater support needs.

Communal areas within the home were clean, tidy and free from clutter, which ensured that cleaning tasks could be carried out effectively. Equipment was maintained well, with safety checks being carried out at planned intervals. This helped to ensure people were safe and enjoyed a pleasant home environment.

The home had been open for ten years and general wear and tear had become evident, particularly on high-contact surfaces such as handrails. While the current condition did not present immediate safety concerns, the provider should ensure surfaces are restored. This would contribute to a safe and hygienic environment for residents, staff and visitors. **Please see Area for Improvement.**

### Areas for improvement

1. To maintain effective infection control and a safe and hygienic environment for residents, staff and visitors, the provider should ensure equipment coverings and frequently touched areas are intact and do not compromise the effectiveness of cleaning.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. HSCS 5.24)

### How well is our care and support planned?

4 - Good

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

Overall, risk assessments to assess residents' care needs were carried out regularly and then used to inform the care plan. We found staff carried out regular reviews with residents and their relatives. Those we sampled showed that people were encouraged to give their views and people told us that they were listened to by staff and management. Improvements could be made in the level of detail recorded and in recording how effective any treatments, care and support had been. **Please see Area for Improvement 1.**

People benefitted from a systematic assessment of their needs both prior to and on admission to the home. Full care plans were then developed in the immediate weeks following admission.

We found care records contained sufficient detail to guide permanent and regular staff in delivering day-to-day care. The 'at a glance' summary was described by staff as a real asset in supporting them, especially when unfamiliar with the people in their care.

The way records were designed, care was predominantly limited to lists of standard statements for staff to consider. Recordings and reviews were not always evaluative or describe how effective the delivery of care had been. However, we found the audits carried out by management identified where information was missing. There were clearly efforts to ensure records were completed consistently and that person-centred care was being delivered. This meant records could guide staff in delivering and recording care and support that met people's wishes and assessed needs.

We found supporting documentation to monitor specific aspects of care including nutrition, safe moving and skin care were in place and generally complete. Anticipatory care and end of life support plans are subject to ongoing improvement. **Please see outstanding Requirements.**

Although improvements in record keeping were identified as ongoing, we were satisfied that remedial work to improve all aspects of record keeping was sufficient to support good communication and guide staff practice. Further assurance was drawn from the recognition and action taken to address any implications for staff training.

## Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have detailed person-centred care plans in place. These should:

- be audited to support sustained improvement in record keeping and high quality outcomes for people living here
- include anticipatory care, symptom control, promoting continence, safer mobilising and all aspects of personal care.

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)

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

### Requirements

#### Requirement 1

By 4 July 2025, the provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

- a) ensure service users and their representatives are afforded the opportunity to discuss and agree their future needs wishes and choices for end of life care at an early stage, with regular and consistent review
- b) ensure end of life care planning takes into account the physical, social, psychological and spiritual needs of the service user and how these needs are to be met
- c) ensure end of life care planning takes into account pain assessment, pain management and additional symptom control, care and comfort
- d) ensure advice and guidance from Other Healthcare Professionals is fully recorded in the End of Life Care Plan and effectively delivered to the service user
- e) ensure symptoms of end of life are fully addressed, including those for nutrition, pain management, skin integrity and oral care
- f) ensure those representatives with Power of Attorney are afforded access to other healthcare professionals during professional visits
- g) ensure the care team have a good understanding of the terms -Life Limiting Illness, End of Life Care, Palliative Care and the powers held by Powers of Attorney.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: 'My future care and support needs are anticipated as part of my assessment.'

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 requirement was made on 10 June 2025.**

#### Action taken on previous requirement

We received an action plan on 23 June 2025 in response to our complaint findings.

At this inspection we found that the Quality Assurance Team had developed and introduced End of Life training for staff and this was being rolled out across the provider's care homes. Staff described the training

as informative and useful. The training being delivered face to face rather than via e-learning had encouraged discussion, led to greater awareness around gathering information to support people's wishes and increased their knowledge regarding legal powers held by people's representatives. At the time we inspected, training was ongoing and not all staff had attended.

The Quality Assurance Team were also reviewing End of Life record keeping, but this process had not been completed at the time of our inspection. Records sampled reflected inconsistency in regard to the level of detail recorded in support of future care. An area for improvement is recorded under Key Question 5 and this will be followed up at our next inspection.

Relatives reported feeling involved in planning for the future care of their loved ones but not in any formal way. We recognise these can be difficult conversations to have and that record keeping can play a significant part in ensuring people's wishes are known and carried out, as well as supporting the involvement of their family and representatives.

We found that although action taken to meet this requirement had been initiated, there was not enough evidence to suggest that the process was complete or that the impact of training and service development had been assessed.

**The requirement is not met and timescales have been extended to 17 October 2025 to allow for ongoing staff training and development of record keeping.**

## Not met

### Requirement 2

By 4 July 2025, the provider must make improvements to systems of communication between the service and service user's representatives and between the care team. In particular, the provider must:

- a) ensure all staff are fully aware of the powers held by Powers of Attorney and their roles and responsibilities in effective communication
- b) ensure improvements to systems of internal communication to ensure all staff, including relief and agency staff are fully aware of service users' needs and how their needs are to be met
- c) ensure the circumstances under which representatives wish to be contacted and consulted with are agreed and recorded in the personal support plan and fully shared with the care team.

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: 'My care and support is consistent and stable because people work together well'.

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 requirement was made on 10 June 2025.**

### Action taken on previous requirement

We received an action plan on 23 June 2025 in response to our complaint findings.

We found staffing relied significantly on relief and agency staff. They reported feeling well informed, supported and that the home was well organised. Our observations were of very good interactions between most staff, the people in their care and visitors.

As recorded under outstanding requirement 1:

The Quality Assurance Team had developed and introduced End of Life training for staff and this was being rolled out across the provider's care homes. Staff described the training as informative and useful. The training being delivered face to face rather than via e-learning had encouraged discussion, led to greater awareness around gathering information to support people's wishes and increased their knowledge regarding legal powers held by people's representatives. At the time we inspected, training was ongoing and not all staff had attended.

The Quality Assurance Team were also reviewing End of Life record keeping but this process had not been completed at the time of our inspection. Records sampled reflected inconsistency in regard to the level of detail recorded in support of future care. An area for improvement is recorded under Key Question 5 and this will be followed up at our next inspection.

Relatives reported feeling involved in planning for the future care of their loved ones but not in any formal way. We recognise these can be difficult conversations to have and that record keeping can play a significant part in ensuring people's wishes are known and carried out as well as supporting the involvement of their family and representatives.

We found that although action taken to meet this requirement had been initiated, there was not enough evidence to suggest that the process was complete or that the impact of training and service development had been assessed.

**The requirement is not met and timescales have been extended to 17 October 2025 to allow for ongoing staff training and development of record keeping.**

**Not met**

**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 support people's health and wellbeing and ensure 'as required' medication is benefitting people, the service should ensure that when these medications are administered that the effectiveness of them is assessed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

**This area for improvement was made on 15 April 2024.**

## Action taken since then

We found good detail recorded regarding the management of 'as required' medication, where people may be at risk of experiencing stress and distress. Where people could not express their experience directly, there were clear details regarding how they may present and what should be done if the situation arose.

There could be further written detail regarding the steps that may be taken to mitigate the risk of distressed reactions and this was discussed with management during our inspection. With regard to managing pain, we found record of effect was recorded.

**This area for improvement has been met and replaced under Key Question 5 to be followed up at our next inspection.**

## Previous area for improvement 2

In order to ensure residents' experience safekeeping of their personal belongings, the service should:

- a) undertake an inventory of individual's personal effects on admission to the service
- b) ensure inventories of personal belongings are subject to review when new items are provided
- c) ensure there is a robust laundry system to prevent, as much as possibly practical, the loss or damage of residents' personal belongings.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

This area for improvement was made on 15 August 2023.

**This area for improvement was made on 15 August 2023.**

## Action taken since then

We found action had been taken to update records of people's belongings. Laundry remained one of the areas where people continued to report things going missing. The provider had made changes to the way clean clothes were returned to people. This now involved housekeeping staff. All of this was at an early stage at the time we inspected.

**With is in mind, this area for improvement is met and replaced under Key Question 1 to be followed up at our next inspection.**

## Previous area for improvement 3

In order to ensure residents experience consistent and person-centred personal care and grooming, the service should:

- a) review personal care and grooming care plans to ensure personal preferences are detailed
- b) ensure oversight of oral care records to ensure residents' oral care needs are met

c) ensure adequate managerial oversight to ensure residents' daily personal care and grooming needs are met.

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

This area for improvement was made on 15 August 2023.

**This area for improvement was made on 15 August 2023.**

## Action taken since then

We found personal care and grooming care plans were in place and had been reviewed. People using the service and their family reported a high level of satisfaction with the standard of personal care and that any issues had been easily resolved. Management had carried out audits, identifying remedial action needed and work to improve the detail held in care records, was ongoing.

**With is in mind, this area for improvement is met and replaced under Key Question 5 to be followed up at our next inspection.**

## Previous area for improvement 4

In order to ensure service users and their representatives experience a service with a culture of continuous improvement with a robust and transparent quality assurance process, the service should make improvements complaints handling to ensure outcomes drive service improvement.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

This area for improvement was made on 10 June 2025.

## Action taken since then

At the time we inspected, work to improve complaints handling was ongoing. This was found to involve lessons learned from recent complaint activity and improving service user information.

**This area for improvement has not been met and will be followed up at our next inspection.**

## Previous area for improvement 5

To ensure positive outcomes for people who use this service the provider should;

a) be able to demonstrate that personal care documentation and records are accurate, sufficiently detailed and reflect the care/support planned and provided

b) be able to show evidence of regular ongoing monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities to meet people's personal and continence care needs and can demonstrate this through their practice.

**This area for improvement was made on 10 June 2025.**

## Action taken since then

We found personal care and continence care plans were in place and had been reviewed. Staff provided a good account of how they aim to promote continence and support their personal care. Management had carried out audits, identifying remedial action needed and work to improve the detail held in care records, was ongoing.

**With this in mind, this area for improvement is met and replaced under Key Question 5 to be followed up at our next inspection.**

## Previous area for improvement 6

To reduce the risks of falls for people living in the care home, the provider should use current good practice guidance to further develop effective falls prevention strategies. The provider should be able to demonstrate adequate monitoring and supervision when people are identified as at risk in the environment.

**This area for improvement was made on 10 June 2025.**

## Action taken since then

Although staffing was identified as an area that required improvement, in terms of number of staff deployed, we found this to be sufficient to demonstrate adequate monitoring and supervision when people are identified as at risk in the environment. Management had good oversight regarding the risks of falls for people living in the care home and should continue to develop effective falls prevention strategies.

**With this in mind, this area for improvement is met and replaced under Key Question 5 to be followed up at our next inspection.**

## Previous area for improvement 7

To ensure positive outcomes for people who use this service, the provider should further develop a robust system to make sure all clothing and personal property is clearly labelled and returned to the owners in a timeous manner.

**This area for improvement was made on 10 June 2025.**

## Action taken since then

We found action had been taken to update records of people's belongings. Laundry remained one of the areas where people continued to report things going missing. The provider had made changes to the way clean clothes were returned to people. This now involved housekeeping staff. All of this was at an early stage at the time we inspected.

**With is in mind, this area for improvement is met and replaced under Key Question 1 to be followed up at our next inspection.**

## Previous area for improvement 8

In order to support good outcomes for people using STAR beds, the manager should ensure staff have the skills and knowledge required to carry out an appropriate pre-admission assessment and develop, in consultation with people experiencing care, meaningful support plans which are specific to their individual needs.



**This area for improvement was made on 20 September 2024.**

#### Action taken since then

We found the STAR unit was predominantly supporting people while discharged from hospital with a view to moving into long term care. Systems to support STAR were in place and under review. Continuity of staffing on the STAR unit was subject to the same workforce pressures as was seen throughout the home.

**This area for improvement has not been met and will be followed up at our next inspection.**

#### Previous area for improvement 9

In order to support good outcomes for people experiencing care, the manager should develop a discharge policy for the STAR unit. This should provide staff with clear guidance on the process and actions required to support an effective and well managed discharge, and provide people with the information they need if, for example, things go wrong.

**This area for improvement was made on 20 September 2024.**

#### Action taken since then

We found the STAR unit was predominantly supporting people while discharged from hospital with a view to moving into long term care. Systems to support STAR were in place and under review. STAR unit would also benefit from ongoing work to improve complaints handling.

**This area for improvement has not been met and will be followed up at our next inspection.**

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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