

Ellen Mhor Care Home Service

2-4 Ellen Street
Dundee
DD1 2QH

Telephone: 01382 279086

Type of inspection:
Unannounced

Completed on:
14 August 2025

Service provided by:
Cygnet (OE) Limited

Service provider number:
SP2011011694

Service no:
CS2013318501

About the service

Ellen Mhor is a 12 bed care home for people with a learning disability. The care home was acquired by Oakview Estates Limited following their purchase of assets from Castlebeck (Teesdale) Limited.

The care home is described as an intermediate community facility for individuals who have a learning disability combined with challenging behaviour. The service aims to be a 'step down' facility from a private hospital, and seeks to prepare and rehabilitate residents who no longer require intensive support provided in the hospital, to community living.

About the inspection

This was an unannounced inspection which took place on 12 and 13 August 2025, between the hours of 09:30 and 16:30 hours. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Discussed care practice and support provided with people and their relatives, and staff members.
- Spoke with nine people using the service.
- Spoke with two family members/representatives of people using the service.
- Spoke with nine staff and management.
- Spoke with one external professional.
- Received feedback through care standards questionnaires from five people using the service, two relatives of people using the service, 10 staff members, and one external professional.
- Observed care practice and daily life.
- Reviewed documents.

People and their relatives indicated that they were very happy with the general care and support provided.

Key messages

- People were supported by staff who knew them well and treated them with compassion, dignity, and respect.
- The team were supported by a competent management team and people received a high standard of personal care and support.
- People were recognised as individuals, and they were encouraged to exercise their skills and abilities.
- It was clear that people enjoyed the activities on offer and appreciated the support made available to help them connect with loved ones and the wider community.

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?	5 - Very Good
How good is our setting?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

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.

People were supported by staff who knew them well and treated them with compassion, dignity, and respect. They were supported by a stable staff group which helped ensure consistency in care provision. Agency staff were utilised where additional temporary support measures were required to benefit people's wellbeing.

The team were supported by a competent management team and people received a high standard of personal care and support. People were recognised as individuals, and they were encouraged to exercise their skills and abilities. There was clear evidence of one-to-one and group activities being organised within and outside the service. These took account of personal interests and aspirations and enabled people to maintain and build connections within their community. We saw people accessing a wide range of activities throughout our inspection.

We saw that individuals using the service could attend a monthly house meeting, with independent advocacy to share their wants, wishes and ideas. We were impressed to see that these were actioned in a good time frame. Families and carers were routinely involved with planning and reviewing care. They told us, 'I can't fault the care and support my relative receives' and 'I have a good relationship with managers'.

Staff communicated well with people and took time to support them. A variety of communication methods were used to help ensure that people's views and preferences were obtained and respected. These included Makaton customised sign and symbol cards and Talking Mats. People had access to speech and language therapy to help improve communication. We learned that speech and language staff support the development of activities which benefit people's communication skills, such as a singing and signing group.

People were supported to feel as well as they could and their health and wellbeing needs were clearly identified in assessments, care plans and reviews of care. Staff demonstrated that they had a clear understanding of how to support people. Robust medication management adhered to good practice guidance and people's medication was regularly reviewed to ensure it met their identified health needs.

The service had its own multidisciplinary team, who regularly reviewed and adapted plans of care to help people get the most out of life. We saw that people were supported to attend health screening appointments. We noted that a 'What Hurts' interactive symbol board was used to help people identify sources of pain. This helped staff make better use of pain relief and assisted with referrals for medical assessment.

There was clear communication regarding how to prevent and manage people's stress and distress reactions. Staff had appropriate levels of training and refresher training to support this positively and proactively. Staff provided support in a holistic way using a range of intervention techniques in line with the Positive Behaviour Support (PBS) strategies. We saw the use of debriefing tools and staff only intervening where it was appropriate for safety, which allowed people to regulate as they needed to. This helped people experience more constructive activities and periods of relaxation. We noted that there was a clear strategy for the service to use the least restrictive practices for the least amount of time.

People were able to access a healthy diet and were supported to purchase and make their own meals during the week. People told us that the food available was very good. Mealtimes provided structure but allowed people to have a choice about when and where they ate.

The service considered transitions for people between care services carefully. Appropriate communications were made with people during a sensitive and perhaps challenging time. The service recognised that there was a need to organise transitions at people's own pace, with the right professionals.

We noticed that since the last inspection that there had been an increase in people with more complex needs which required a higher staffing complement. The service will need to ensure they are reviewing the impacts this may have on everyone living there and review staffing levels to support everyday living skills and time out of the service.

Some of the service provider's policies and procedures tended to reflect legal frameworks and care standards used in England and Wales, rather than those used in Scotland. Given the differences, it would be helpful for policies and procedures to be reviewed to better identify with the Scottish perspective. Senior managers agreed to discuss this at corporate level.

How good is our setting?

5 - Very Good

We found significant strengths within the setting and the environment people lived in which supported positive outcomes for people, therefore we evaluated this key question as very good.

The service provided a welcoming and clean environment which felt very homely with important and interesting information about the service displayed on the walls on arrival. There was clear signage throughout the service which supported people to navigate through the building independently. The corridor walls had appropriate décor on them in communal areas such as staff pictures and celebrations of past times .

People's bedrooms were decorated to a personalised and high standard. People told us 'I love my room, it's very pretty'. We were told by family members that they were able to decorate and personalise rooms to a standard that worked for the person, taking into account the person's views. People had access to en-suite shower facilities and a communal bathroom. People had access to their rooms with a key and could have privacy when desired. This meant that people had the choice to socialise or find privacy at all times of the day.

The service was well maintained with good oversight for health and safety. The service had an on-site maintenance operative to attend to maintenance and ad-hoc repairs. Appropriate cleaning schedules were in place and this was reflected in the very good standards of cleaning, which we saw. There were appropriate infection prevention and control procedures in place which helped keep people safe.

People could access their own money at any time, with support from staff. Outdoor areas were accessible and we could see that these were well maintained. We saw that ideas gathered from people at meetings were being implemented. The garden area to the front of the home had a barbeque patio area, pool, trampoline and space for events and activities. There was evidence of regular activities inside and outside the home within care plans and monthly care home newsletters.

It was clear that people enjoyed the activities on offer and appreciated the support made available to help them connect with loved ones and the wider community.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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