

## Alexander Scott's Hospital Eventide Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
13 August 2025

**Service provided by:**  
Alexander Scott Hospital Eventide  
Home

**Service provider number:**  
SP2003000035

**Service no:**  
CS2003000346

## About the service

Alexander Scott's Hospital Eventide Home is a care home in the market town of Huntly. The home is registered to provide a service for up to 40 people. At the time of our inspection there were 35 people living in the home.

The care home is a grand two storey listed building and is located close to local shops and cafes, churches and bus routes. All bedrooms are for single occupancy and have en suite toilet facilities. There are shared bathing and showering rooms. Lounges are located on both floors. The dining room is on the ground floor.

The gardens and grounds are extensive and have been beautifully landscaped.

Alexander Scott's was bequeathed to the town of Huntly and is overseen by a voluntary board of trustees. The aims of the service include 'to allow residents to live as full a life as possible'.

## About the inspection

This was an unannounced inspection which took place on 7 and 8 August 2025. The inspection was carried out by one inspector 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 15 people using the service and five of their family and friends
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People appeared to receive the right care and support to help them look their best.
- There were many events taking place in the home and gardens that helped maintain people's links with the local community.
- People were positive about the variety and quality of the meals provided.
- Improvements are needed to signage to help orientate people around the home.
- People needed to be included and supported to participate in decision making and in home life.
- Improvements must be made to the standards of infection prevention and control.
- There were sufficient staff on duty to meet the needs of people.
- People were very positive about the staff.
- The plan for meeting staff supervision and appraisal appeared to be achievable.
- Learning and skills gained from training need to be consistently implemented in staff practice.
- People had been supported to personalise their bedrooms.
- People could choose from a variety of areas to spend their time.
- Improvements must be made to auditing and the oversight of the environment to ensure that any upgrades or repairs can be prioritised and acted on.
- People should be informed when changes to their home are planned and involved in the decision making for the changes.

## 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 staff team?	4 - Good
How good is our setting?	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?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People appeared to have received the right level of care and support with their washing and dressing needs. This helped people look their best. We could see that people had been supported to dress well, and time taken with hairstyling. People were positive about the care and support they received.

People said that relations with staff were good. They were positive about the caring nature of staff and said that staff took time to engage with them. This resulted in positive experiences.

Some people said that there can be a wait until their buzzer is answered. People said that they understood that staff were busy, and they came when they were available. However, we were made aware that due to a delay in supporting one person with their continence needs, this resulted in this person not receiving the help they needed in time. This resulted in embarrassment and upset. Managers should continue to monitor response times to buzzers to help inform if people are consistently getting the assistance that they need when they want it.

People were generally happy with the social activities on offer. Good links with the community and events taking place, helped people stay connected to the local community and enabled families to be part of home life. The daily programme of activities was varied and the group who took part in the baking event during our inspection, appeared to really enjoy the experience. People who chose to remain in bedrooms had been supported with having their television/radio on or had easy access to items to occupy themselves with. The service was helping most people pass their day meaningfully, however, managers need to ensure that this standard is consistent for all people. We felt that more could have been done to support one person with how they spent their day. They expressed frustration with their day and lack of having something to do. Better awareness and discussing with this person, could have led to improved outcomes.

People were positive about the meals, in particular the taste and variety of meals. One person said, 'It is meals that we know'. The plans to upgrade the dining room should enhance the dining experience for people. Staff should revisit asking people for their meal preference's mid-morning. Best practice identify that people should be offered at the point of service to enable people the opportunity to visually see the options on offer.

We felt that the timings of the lunch and teatime were too close together. This meant that after teatime, people went a long time without something to eat. The managers responded positively during our inspection and ensured that sandwiches/snacks were made available and offered in the evening.

People had access to drinks. These were difficult to access due to being placed high up in dressers. This made it difficult for people to access and to help themselves. It is important to support people to remain independent and to make their own choices.

People had access to walking aids when they were needed. We observed people mobilise from area to area and it was positive that there was no reliance on transit wheelchairs. People were encouraged to be as mobile as possible. This recognised the importance of keeping active to remain healthy.

The management of falls risks was confusing. When a falls risk had been identified the measures needed to reduce those risks appeared to be evident during the night. Care plans indicated that low rise beds were in use for some people who independently mobilised. This increased the risk of them falling. We discussed with managers the need to review falls risks and ensure that care plans, risks assessments and the measures in place, were appropriate and helped reduce the risks.

Improvements to the signage is needed to help orientate people to their home. People had clear numbers, names and photographs on their own bedroom doors, however, there was a lack of directional signage to help them find their way around the home. One person said, 'I am forever getting lost'. **(See area for improvement 1.)**

Improvements are needed to how people are included and are supported to participate in decision making and home life. Activity meetings took place without people being included. This was a missed opportunity for people to inform what happened in the home and for them to be involved and participate in any events. It is important for people's view to be seen as valuable and used to inform. **(See area for improvement 2.)**

Each person had a folder which contained care plans, risk assessments and relevant legal documents. The clear index meant that each file was arranged the same way. This made it easier for staff to locate the necessary information that could be used to inform them of the needs of people. The review of care plans needs to be developed to ensure that there is a record of an assessment of the effectiveness of the care plan. This would ensure that the actual experiences of people are used to inform the review of their care plan. **(See area for improvement 3.)**

We identified concerns with infection prevention and control (IPC). There were practices which increased the risks of cross contamination, and this put people at risk. In some en suites some people's toiletries, topical medications and other items were stored on the back ledge of the toilet bowl. This meant there was a significant risk of contamination when the toilet was flushed. Items were left on en suite toilet floors and this increased the risk of cross contamination. There was no designated area for domestics to use when decanting mop buckets. The area used was also used for handwashing and people had access to this area. This practice increases the risks of cross contamination. The location of the sluice on the first floor was a contributing factor to commode pans not being left without appropriate cleaning. The manager during our inspection took positive actions to make improvements to the areas of concern we identified. However, it is important for there to be ongoing oversight and awareness of the principles of IPC and ensuring that there are consistently good and safe IPC practices maintained. **(See requirement 1.)**

## Requirements

1. By 30 October 2025, you must ensure people are protected from harm and experience a safe environment in relation to infection prevention and control (IPC). To do this, you must, at a minimum:

- a) Ensure that there are effective infection prevention and control policy and procedures for standard infection control precautions in place and available to staff.
- b) Ensure that all staff receive the appropriate training and are assessed as competent and skilled in all aspects of IPC.
- c) Ensure all staff are aware of and have access to current national infection prevention and control guidance and the Care Home Infection Prevention and Control Manual.

c) Improve oversight of staff adherence to the expected standards for IPC, this must include improved oversight of the environment.

This is to comply with Regulation 4(1)(a) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to comply with section 8 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 which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

## Areas for improvement

1. Improvements should be made to signage to ensure that it helps people to be orientated to their home and to ensure that it helps support them to make independent choices of where they want to spend time.

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

'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2); and

'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

2. The service should develop how people are involved and included in home life. This should include; consultation when changes are planned, establishing people's preferences and in obtaining people's feedback on the quality of the service provided.

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

'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9); and

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6); and

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

3. Improvements to the reviewing of care plans and other supporting documents. Staff should ensure that there is an accurate assessment of the care and support planned and ensure that this reflects people's experiences and their changing needs.

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).

## How good is our staff team?

## 4 - Good

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

There appeared to be sufficient staff on duty to meet the needs of people. The use of a dependency tool helped inform staff numbers. Managers should assess the outcomes and the quality of the care and support provided to help inform the decision making when considering staff numbers. Consideration must be given to the layout of the building and the access to available fixtures and resources. This may impact on staff availability.

Staff interacted with people with compassion and good humour. Clearly positive relationships had formed with people and people spoke very positively about the staff team. They said, 'Wouldn't hear anything about the staff, they are all very good', 'The staff are lovely' and 'The staff have been nice'. These positive relationships contributed to the warm, friendly and loving atmosphere in the home.

Staff appeared to work well together. There was a clear allocation of staff to each area of the home and this meant that staff were aware of their responsibilities for the shift. Shift leaders were available and appeared to direct and support their team. This helped ensure that people got the care and support they needed and wanted.

There was a clear programme in place for the completion of staff supervision and appraisals. There was good recognition of the skills in other departments and delegation of responsibility for the completion of the supervision and appraisal of staff under their charge. We felt the programme in place was achievable.

Managers should develop how conversations are captured when staff practice or performance issues have been identified. This will help inform any additional training or support staff may need and be used to inform the formal supervision process. This should lead to improvements being made and sustained in staff practice.

The staff training completion was very good, with high compliance percentages. Additional training was organised in response to any new health or care issues identified with people. This meant that staff had the opportunity to gain new skills and knowledge that was reflective of the changing needs of people. However, the skills and knowledge gained because of training needs to be consistently embedded in the care and support people experience. For example, all staff had completed IPC training, however, some practices demonstrated that these learnings were not put into practice. Managers should continue to monitor how training is used to inform staff practices and use this to inform further staff development and training.

Staff meetings were taking place six monthly. Managers should consider revisiting the frequency of these meetings due to changes planned in the service. It is important for staff to be aware of the changes and development of the service for them to have their say and to be prepared. This will help changes being successfully implemented.

## How good is our setting?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Most people's bedrooms were personalised to a very good standard. Some people spoke with pride about being surrounded by items that were familiar to them. We felt that staff had taken care to ensure that items that the person may need were within reach. For example, their mobile, buzzer, books. One family said that having access to their parent's room prior to admission, enabled them to personalise it before they moved in and this, they felt helped the person settle in. The personalising of bedrooms created a cosy and homely feel to people's rooms.

The gardens and grounds were extensive and landscaped to a very good standard. People spoke about how spending times in the 'lovely gardens' brought them pleasure. Some people said that they enjoyed the views from their bedroom windows. The efforts taken to ensuring that people could access the lovely grounds had enriched their lives.

The home appeared clean and odour free. There were sufficient domestic assistants on duty to help maintain the standards of cleanliness. People praised the standards of cleanliness in their rooms. However, as identified in 'How well do we support people's wellbeing?' there were concerns with IPC practices regarding the disposal of the buckets of water that had been used for cleaning floors. It is important for the service to have sufficient facilities to ensure that safe practices are in place to ensure that people are protected from cross contamination. **(See requirement 1 in key question 1 'How well do we support people's wellbeing?' and requirement 1 in key question 4 'How good is our setting?').**

People had a choice of where to spend their time. Lounges were homely and there were sufficient seats available for people to choose where they wanted to spend time. There needed to be more side or occasional tables in the lounges. This would ensure that people had somewhere to put a drink or items that they wanted to have at hand.

The newly created reminiscence room was a good addition and made the best use of a previously unused space. People could use this room for smaller group activities or for a quiet area to enjoy and relax in.

The planned upgrades to the dining room will enhance this space. It is important that the service involves people in the decision making when decisions are made on the décor, furnishings and fabrics. This inclusion of people will demonstrate that people's opinions are valued and that the refurbished dining room will be reflective of what people want.

We identified concerns with people having access to sufficient bathing and showering facilities. It is important for people to have a choice of facilities where they live and for there to be enough shower / bathrooms to access. **(See requirement 1.)**

The auditing and assessment of the care home environment must be improved. This will help identify areas of improvement that are needed to improve outcomes and reduced risks. It is important for people to live in a care home that is well-maintained and has sufficient facilities to meet their needs. **(See requirement 1.)**

People should be involved and consulted when changes to the environment are planned in the home. This



will ensure that the planned changes are what people want and need and that the impact on people can be considered and included in decision making. **(See requirement 1.)**

## Requirements

1. By 30 October 2025, the provider must ensure that an audit of the care homes environment is completed, and a timetable for the completion of improvements or upgrades is made, to do this you must as a minimum:

- a) Complete a robust audit and assessment of the environment and have a timeframe in place for ongoing revisiting and updating of this audit.
- b) Ensure there is a realistic timeframe in place for the completion of the works that are needed to improve the environment. This is to ensure that people have sufficient facilities to meet their needs.
- c) Involve and consult with people in the decision making in relation to the upgrades of their home.
- d) Consideration must be taken on how any changes will impact on people.
- e) Ensure that works undertaken are prioritised and informed by how this will improve people's outcomes and reduce any risks.

This is to comply with Regulations 4(1)(a) and (d) and 10(2)(d) 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:

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18); and

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23); and

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

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## 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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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