

## Eastleigh Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
27 August 2025

**Service provided by:**  
Pepperwood Care (Eastleigh) Limited

**Service provider number:**  
SP2013012037

**Service no:**  
CS2013316167

## About the service

Eastleigh Care Home is owned and managed by Pepperwood Care (Management) Limited. It is registered to provide a care home service for a maximum of 35 older people.

The care home is a traditionally built home near the centre of Peterculter and is close to local amenities and transport links. There are 34 bedrooms, one of which can be used as a shared room for relatives if they wish. All bedrooms have en-suite facilities. There are a variety of communal sitting and dining areas. Accommodation is provided on two levels.

## About the inspection

This was an unannounced inspection which took place on 26 and 27 August 2025. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service.

This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- received feedback from eight people using the service and eight of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People were happy living at Eastleigh.
- Staff were welcoming and attentive to peoples needs.
- There was good clinical oversight in the home which meant people could be confident that their needs would be met by the right people at the right time.
- Some improvements were required to ensure the environment and any care equipment was clean.
- Topical medications should be checked regularly to ensure labels are legible.
- Staff should ensure that people are supported to access outside spaces and fresh air regularly if they want to.

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

There was a warm and welcoming atmosphere in the home. People were happy and well presented. Staff were attentive to people's needs and supported people discretely and with respect. People told us, 'My relative was treated with respect and always included'. Families felt well informed and had confidence in the staff and managers. 'The staff are all so kind and caring which extends to me'. Relatives told us they always felt welcomed and that staff cared for them too.

People's health benefits from a range of assessments leading to care plans where this is required. For example, regular weight, skin and falls assessments. These were reviewed and updated regularly which helped to ensure that people received the support they required.

People could be confident that their care and support would be informed with the input from other community professionals. We received good feedback about the relationships that had been formed and the level of contact staff had with people. Some of the comments included, 'The manager is very proactive for support and guidance from healthcare professionals' and 'Communication between the manager and the care home staff is good and consistent'. The management team maintained good oversight of people's clinical needs which helped to ensure that people could access the right support at the right time to maintain and improve their health and wellbeing.

There was a robust medication procedure in place. Records of administration were complete and legible. Protocols were in place for medication prescribed 'as required' which meant medication was administered when it was needed. An appropriate pain assessment tool was used to help staff to assess when people may be experiencing pain. Monthly medication audits helped to ensure good standards are maintained.

During this inspection, a number of prescribed creams and lotions were stored in people's rooms so they were at hand when people were being supported with personal care. Many of these lacked a date of opening therefore staff could not be sure that they were all within the shelf life advised by the manufacturer. Some labels had deteriorated so directions for use and the person's name were not legible. This should be checked regularly to ensure that labels are clear and direct staff to apply consistently and as prescribed. The manager responded quickly to this feedback and this was rectified during the inspection. In order to maintain this standard, staff should always check that they are following the direction on the labels which must be legible. **See area for improvement 1.**

People had access to fresh fluids throughout the day and people's nutritional needs were met. There was a varied menu of dishes available for people to choose from. People told us, 'The food is good' and 'I'll maybe have something else'. Meals looked appetising and people told us they could request alternatives if they preferred. The manager had an overview of people's needs and regularly observed the dining experience which helped to ensure that mealtimes were a relaxed and pleasant experience for people.

People had care plans that described their needs, preferences and choices. Care plans were in the process of transitioning to an electronic system, paper copies were also still in use during this period. Care plans overall were person-centred and informative. There was good information about people's life, family and work experiences. This helped to provide a sense of the person and who and what was important to them. The transition to electronic plans will provide an opportunity to check that all information is accurate and consistent across all areas of the plans.

People should have the opportunity to contribute to the planning and evaluation of their care and support on a regular basis. A review planner was in place however we were unable to locate minutes of meetings and discussions and therefore could not confirm what people's views were or that any agreed changes had been implemented. The manager should ensure that there is a record of discussions and agreements made even if another agency is producing the formal minute of the review. Minutes should also describe how the person themselves has been involved and their views considered.

Some care equipment was not clean enough when first checked. We also found issues with storage in bedrooms which was also not clean. A wheelchair and some mobility aids needed more regularly cleaning. One bedroom was malodorous. We highlighted this to the manager and we noted improvement as the inspection progressed. These areas should be checked regularly to help ensure a good standard of environmental hygiene and cleanliness is maintained at all times. **See area for improvement 2.**

Overall, people were experiencing good care. One person told us, 'Eastleigh appears to be a home that gets on with the job, caring well for their residents, without a fanfare'.

## Areas for improvement

1. In order to ensure that people receive the right support at the right time, the manager should ensure;

- that labels on topical applications such as creams and lotions are legible and complete.
- that dates of opening are recorded for all creams and lotions to ensure they are not used beyond their shelf life once opened as described by the manufacturer.

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

2.

To ensure that people are supported in a clean and hygienic environment, the manager should ensure that the environment and any care equipment is subject to regular and effective cleaning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

## 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.

People are protected from harm when staff have been recruited using a robust procedure that reflects the principles of safer recruitment guidance and current legislation in Scotland. We saw that a risk assessment had been created in the absence of satisfactory checks being completed. Whilst we were able to confirm that new staff had not commenced working in a regulated role prior to two references and a satisfactory check or application to the Protection of Vulnerable Group Scheme (PVG), is not acceptable for employers to be using risk assessments whilst waiting for all recruitment checks to be completed. This potentially places people at risk. **See area for improvement 1.**

The right number of staff with the right skills were working within the care home. Staffing arrangements were determined by a dependency assessment tool that was regularly reviewed. People told us, 'I find the staff effective in everything they do' and 'There always seem to be a number of staff members around' and 'Staff numbers appear good'. Staff told us they were confident that staffing levels would be adjusted to help meet an increased need so people could be assured they would be supported by the right number of staff.

Staffing arrangements should allow for more than basic care needs to be met. We saw entertainment within the home during our visit. The activity co-ordinator was working hard to make sure people were enjoying the music. This would have been an opportunity for other staff to get involved and spend time with people. The manager was supporting all staff to make every moment count with people and take time to have meaningful conversations and we acknowledged that this was a work in progress.

There was a warm and welcoming atmosphere within the home. Staff were working well together and were visible throughout the inspection visit. Families told us that staff were good, friendly and caring. Praise was given to the management team who were visible and approachable to residents, families and staff. Staff told us they wouldn't hesitate to ask the manager or deputy to assist them if they needed it.

Staff received supervision twice a year. This was an opportunity to reflect on their performance as well as providing a planned event that helped to recognise staff wellbeing and support needs. Staff told us they were well supported and they enjoyed working at Eastleigh.

Staff told us they felt valued and were confident that they could make suggestions or express their views. Team meetings were one area where they could do this. The minutes of meetings could describe a more inclusive meeting recognising and recording feedback from staff. This would raise the profile of the service improvement plan and help staff realise how they can inform the plan and impact on developments and improvements in the home.

## Areas for improvement

1. In order to ensure that people are supported by staff who have been recruited safely, the manager should ensure that recruitment procedures reflect current best practice and legislation in Scotland.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

## 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 could be confident that their home would be well maintained and safe. Maintenance records were in place and up to date which confirmed there was regular servicing and maintenance of fixtures and fittings as well as any care equipment such as hoists and stand aids. There was a process for reporting faults and repairs and all repairs were completed timeously. People felt reassured that the maintenance of the service was upkept, to maintain their safety.

People could choose to use communal areas or more private areas to spend their time. Bedrooms were furnished with personal items from home such as ornaments, furniture and pictures. This helped to ensure people had a nice homely, environment to relax in.

As previously reported, some areas of the home and equipment were not clean enough. Walk rounds, environmental checks and day to day observations had not identified this. The manager should ensure that all areas of the home, equipment and storage units are subject to regular cleaning. This area for improvement was communicated to staff during our inspection visit and we noted an improvement by the second day of our visit.

Cleanliness and infection control is everyone's responsibility. We suggested that the 'managers walk round' could be considered an opportunity for other members of the staff team to be involved in quality assurance. This would help to promote accountability and responsibility.

'A little more outside space' would be an improvement someone told us. People had access to outside space. Raised flower beds had been created that were easier for people to use and participate in gardening activities. The door to the garden area was generally locked as most people required supervision. People who could access this area safely were able to do so as they had the ability to use the key code for the door.

The garden area could be more attractive. Chairs were haphazardly arranged and were not of a sturdy suitable design for the population in the home. The manager was responsive to this feedback and had started to take appropriate action before the end of our inspection. The designated smoking area was moved which helped to ensure that everyone could access the garden area and have a pleasant area to sit. The manager and staff should ensure that people are supported to access outside areas and fresh air regularly where they choose to. **See area for improvement 1.**

The home was in need of a degree of refurbishment and redecoration. An environmental plan was in place and had captured most areas. It was reassuring to hear how the manager could add to this plan should other areas of improvement be identified.

### Areas for improvement

1. The manager should ensure that people can regularly and safely access outdoor space to maintain their health and wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I can independently access parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11) and 'If I live in a care home, I can use a private garden' (HSCS 5.23).





## 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 improve and support better outcomes for people, the provider should ensure the quality assurance system links directly to and improves the outcomes and experiences for people.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

**This area for improvement was made on 13 February 2024.**

#### Action taken since then

The quality assurance systems had been reviewed and there was evidence that actions resulting linked to improving outcomes for people.

Some processes such as the managers walk round could be used to greater effect if it reflected how people were involved and what their views were.

The manager planned to address this going forward.

### 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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?	4 - Good
4.1 People experience high quality facilities	4 - Good

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