

Annan Court Care Home Service

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Type of inspection:
Unannounced

Completed on:
19 August 2025

Service provided by:
Annan Court Care Home Limited

Service provider number:
SP2012011825

Service no:
CS2012308063

About the service

Annan Court care home is registered to provide a non-nursing care home service to a maximum of 33 people aged 55 years and above. The provider is Annan Court Care Home Limited (Advinia Health Care Limited).

The service is situated on the outskirts of Annan, between Dumfries and Gretna. Local amenities are within walking distance of the home. There is a car park available for visitors.

The home is on ground level with accessibility throughout for people. The bedrooms have ensuite toilet and sink facilities. Two rooms have ensuite wet rooms. There are two shared shower facilities and one shared bathing facility for people to use.

A large lounge area is situated in the middle of the home with expansive panoramic views across the countryside down to the Solway Firth. There is a secure courtyard garden area for people and visitors to enjoy. The home also has a dining room, quiet lounge room and café.

At the time of the inspection 32 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 12 and 13 August 2025 between 07:30 and 17:00 hours. Feedback was provided on 14 August 2025. Following this, further discussion with the provider about people's care needs, safe staffing arrangements and leadership took place which completed the inspection on 19 August 2025. 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 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 19 people using the service and three relatives
- for people unable to express their views, we observed interactions with staff and how they spent their time
- spoke with 22 staff and management
- spoke with three visiting health professionals
- observed practice and daily life; and
- reviewed documents.

Key messages

- Staff knew people well and treated them with compassion, kindness and respect.
- Improvement must be made to standards of personal care people receive.
- Support for people's nutrition and hydration needs must be improved.
- meaningful interaction opportunities for people should be increased
- staffing arrangements must be reviewed to ensure responsive care to people.
- The safety of the home was well maintained.
- the service had not met one requirement and five areas for improvement identified at previous inspections.
- from the findings of this inspection, we have reworded one requirement, made a further three requirements and one area for improvement..

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?	4 - Good
How well is our care and support planned?	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

Quality Indicators 1.2 - People get the most out of life & 1.3 - People's health and Wellbeing benefits from their care and support

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

Staff supported people with kind, respectful and compassionate care. People experiencing care expressed that they had positive relationships with staff members. Comments included, "staff work hard, and they are so nice," and "everyone here is exceptionally nice." This reflected that people had trust in the staff providing their care.

Visitors to the home reported feeling welcomed and supported. There were several spaces available for spending time with their relatives, including lounges, dining areas, bedrooms, a quiet lounge, and a café with refreshments. This fosters family connection and strengthens relationships.

During the inspection, there was little evidence of meaningful activities or social connection being encouraged. Staff were observed to be busy attending to health and care needs, leaving limited capacity for facilitating individual or group engagement. One person told us, "Staff do their very best with not a lot of time." This restricts opportunities for stimulation and emotional wellbeing.

The service has been without dedicated activity coordinators. There was part time activity staff at present, and some people were observed enjoying group activities. The staff's input was valued but insufficient to meet the needs of all people. This resulted in inconsistent access to meaningful interaction, particularly for those who chose to spend most of their time in their bedrooms. Reference should be made to the Care Inspectorate's Care about Physical Activity (CAPA) Programme and Make Every Moment Count. This would help promote regular, person-led engagement and improve wellbeing through everyday opportunities for connection.

Medication management was observed to be well organised and safely delivered. This supports people's health and reduces the risk of medication-related issues. There was evidence of regular referrals to external health and care agencies. This supports a holistic approach to care and ensures people receive appropriate interventions to meet their needs.

The dining experience was generally positive, with nutritious meals served in a pleasant and welcoming environment. When staff were seen assisting people, they provided kind and reassuring care. However, due to limited staffing and several people requiring assistance, some individuals did not consistently receive the one-to-one support they needed during mealtimes. This impacted the timeliness and quality of support, and at times compromised the overall dining experience for those needing more direct assistance.

Nutrition records showed notable inconsistencies. For example, some people were documented as eating and drinking independently yet required assistance during direct observation. Several people were seen to have low fluid intake on reviewing recordings. It was also unclear what actions were taken to address the low intake. Inaccurate nutrition and fluid records can lead to missed or delayed responses to low intake. This increases the risk of dehydration and poor nutritional outcomes. (See requirement 1)

Support for stress and distress was documented in personal plans. These included good detail for person centred emotional support and communication strategies. However, during inspection, people experiencing distress were not always noticed or supported due to limited staff presence. This impacted emotional wellbeing and safety.

Support for personal care needs must be improved. Some people reported limited access to showers or baths. Records confirmed that several people had not received support in line with their preferences or expected frequency. While some people had regular routines, hygiene support was inconsistent overall. Staffing levels did not always allow for consistent delivery of personal care. This inconsistency in personal care compromised people's dignity, comfort, and overall wellbeing. (See requirement 2)

Feedback from people and families was largely positive regarding care staff, who were described as kind and supportive. Staff interactions were generally positive, with most staff demonstrating strong knowledge of people and engaging in caring ways. This supports emotional wellbeing and builds trust between staff and people. However, concerns were raised about long waiting times, limited activity provision, and inconsistent access to showers and baths. These concerns suggest that, despite positive relationships with staff, gaps in service delivery may affect people's overall experience and quality of life.

Requirements

1. By 23 November 2025, the provider must ensure that people's nutrition and hydration needs are consistently met, as outlined in their personal plans. In order to ensure that people receive the right care at the right time, and that nutritional support is delivered in a person-centred and respectful manner. To do this, the provider must, at a minimum:

- a) ensure personal plans clearly detail individual nutrition and hydration needs, preferences, and support required
- b) ensure that people are supported to maintain adequate fluid intake in line with their assessed needs and preferences
- c) maintain accurate and up-to-date care records that reflect the care provided
- d) monitor and review care delivery to ensure nutritional support is provided consistently and in line with people's plans.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (Personal plans) 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: 'I experience high quality care and support that is right for me.'(HSCS 1.19)

2. By 23 November 2025, the provider must ensure that people consistently receive appropriate standards of personal care. This includes but is not limited to any choices and preferences for bathing or showering are respected. This is to ensure people's basic care needs are met in a way that protects their health, dignity, and human rights. To do this, the provider must, at a minimum:

- a) ensure personal care is delivered regularly and in line with each person's assessed needs and preferences
- b) maintain accurate and up-to-date care records that reflect the care provided

- c) ensure staff can identify when individuals require support with personal care and respond appropriately
- d) implement effective monitoring and management oversight to ensure care is not missed or delayed.

This is to comply with Regulation 4(1)(a) and 4(1)(b) (Welfare of users) and Regulation 5(1) (Personal plans) 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: 'I experience high quality care and support that is right for me.' (HSCS 1.19) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The provider used a quality assurance system, to support oversight of service delivery. There was evidence of monthly oversight of falls, skin integrity, and weight changes provided to the registered manager by senior management. Actions were taken in response to trends, including referrals and equipment use. This demonstrates some proactive approaches to safeguarding people's wellbeing and ensuring continuous improvement in care delivery. However, home level audits and recording of actions was inconsistent. Concerns such as nutritional needs and personal care being affected were not addressed promptly. This limited the ability to track improvements and evaluate outcomes for people. Inconsistent audit completion reduced the service's ability to monitor and improve care quality. (See requirement 1)

Handovers took place daily where important care needs of people were discussed. This resulted in appropriate actions being agreed to support people's wellbeing. Huddle meetings that were scheduled to take place during the day did not take place regularly. These meetings between staff departments are important for maintaining oversight and ensuring people's health and wellbeing needs are met throughout the day.

Meetings and communication systems were in place but not used consistently. There was evidence of gaps between daily huddle meetings and team meetings. Resident and relative meetings led to some positive actions; however, these were infrequent. Some staff groups felt excluded from communication. Limited communication may have affected staff involvement and shared understanding of care priorities. This shows the need for regular, inclusive communication that gathers feedback from people to help improve care and keep everyone informed and involved.

Oversight and planning of staff supervision should improve. Staff supervision had not taken place recently, with current plans in place for the management team to commence staff appraisal meetings. The absence of supervision affected morale, communication, and consistency in care delivery. Regular supervision is essential to support staff and maintain care standards for people.

There had been improved management oversight of staff training. There was high compliance for staff training, including mandatory and service-specific courses. We identified one staff member who had not completed mandatory training before supporting people. This was addressed during inspection. This showed good responsiveness but highlighted the need for ongoing monitoring of training completion. Ensuring consistent and timely training directly supports safer, more effective care. This will help maintain confidence in the quality of support provided to people using the service.

The home had a service improvement plan. This had not been reviewed or updated recently noting key areas for improvement work for service delivery. The registered manager intended to use self-evaluation tools to inform future planning, but this had not yet started. The absence of a current plan reduced clarity on priorities and progress to improve outcomes for people.

Management oversight of the service requires improvement. A lessons learned approach should be used to address weaknesses. We found some recurring concerns that had been raised during previous inspections. For example, people experienced limited meaningful interaction and low levels of physical activity. People also experienced inconsistent support with nutritional needs, personal care and timely assistance. There was little evidence that the leadership team had identified these issues through their own quality assurance processes or regular presence in the service. Management must be able to recognise and act on areas for improvement. This helps ensure people are safe and receive better outcomes from the care provided. (See requirement 1)

Requirements

1. By 23 November 2025, the provider must demonstrate that there is consistent and effective management in place to support better outcomes for people living in the home, and that quality assurance and improvement is well led. To do this, the provider must, at a minimum:

- a) ensure the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service
- b) ensure that management presence in the service is regular, purposeful, and used to monitor the quality of care and staff practice
- c) take timely and effective action in response to identified concerns, with clear records of actions taken, outcomes achieved, and lessons learned
- d) use feedback from people living in the home, their families and staff to inform service development
- e) ensure that outcomes of audits, people's views and adverse events are used to inform a service improvement plan
- f) review the service improvement plan regularly to ensure that actions detailed are effectively improving outcomes for people living in the home.

This is to comply with Regulation 4(1)a (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/201).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed.' (HSCS 4.23).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

Staff were observed to work well together. Feedback showed strong appreciation for the staff team. However, staff also reported feeling under pressure with a wish for further support to improve the care provided. Comments from people included, "staff are all really lovely but always having to rush." and "Staff are great the only problem I have is the wait time for assistance when I need it." When staff feel supported, they work better together, helping people feel safe, cared for, and respected.

We sampled staff recruitment files and found that they were well presented and organised. A system was in place to support oversight of recruitment and relevant checks had taken place. This ensured the service followed safer recruitment guidelines to keep people safe.

Staff training records showed high levels of compliance. Staff completed mandatory and service specific training such as dementia awareness and positive behaviour support. This helped ensure people received care from staff who understand their needs and can respond safely, confidently, and with the right skills. Where we identified staff who had not completed key mandatory training the manager took action. This ensured staff were fully trained and had the right skills to deliver safe support to people.

No staff supervisions had taken place, and team meetings had been inconsistent. Without regular supervision and team meetings, staff may feel unsupported, which can affect teamwork, and the quality-of-care people receive. This is reported on further under Key Question 2 where an area for improvement is in place. However, competency assessments for some staff had taken place in areas of support such as moving and assisting, infection prevention and control and nutrition support. This evidenced staff received valuable support to acknowledge strengths and identify any learning needs. This helps ensure people receive care from staff who are confident, skilled, and able to meet their needs safely and effectively.

Staff arrangements were informed by the provider's dependency pathway, which included staffing ladders and tools linked to people's assessed needs. However, staffing arrangements required improvement. Staff were observed delivering caring and respectful support, and their hard work was evident. Despite this, staffing levels were stretched and not sufficient to meet the needs of all residents. Observations included people in distress while waiting for support. This inconsistency affects dignity and can lead to emotional distress.

We observed and were told about extended wait times for people needing assistance. Support did not always reflect people's preferences or individual needs. The continued reliance on agency staff affected consistency and familiarity with residents. Some areas of the service were left unsupervised for extended periods, which meant staff were not always able to identify care needs promptly. This increases the risk that people may not receive timely, personalised care, leading to unmet needs and potential harm, especially for those unable to ask for help. The service should refer to the Care Inspectorate's Safe staffing programme: Information for adult services Care Inspectorate Hub. While reassurances were given following the inspection of plans for increased staffing, the lack of consistent effective staffing arrangements could have a direct impact on people's safety, wellbeing and quality of life. (See requirement1)

Requirements

1. By 23 November 2025, to ensure the safety, health, dignity and wellbeing of people experiencing care, the level of staffing on each shift must be adequate to provide the assessed level of support to people at all times. To do this, the provider must, at a minimum:

- a) ensure there are sufficient staff on duty in all departments who are competent and who are meeting the health, physical and social support needs of people using the service
- b) ensure staff are deployed appropriately to ensure that people receive assistance with their care needs at times that meet their needs and preferences
- c) undertake a thorough evaluation of all the current needs of people who use the service and use the findings to ensure that there are sufficient staff on duty

d) evidence that assessed staffing levels have considered the layout of the building, communal areas and include feedback from people, their representatives and staff.

This is in order to comply with section 7(1)(a) & (b) and (2) 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 (HSCS) which state that: 'My needs are met by the right number of people ' (HSCS 3.15) and 'People have time to support and care for me and to speak with me.' (HSCS3.16)

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.

The environment positively contributed to wellbeing. The home was located in a scenic area, with views from bedrooms and lounges that created a calm and pleasant atmosphere. People told us they felt relaxed in the home and enjoyed the scenic views. This helped individuals feel more relaxed and connected to their surroundings.

Outdoor spaces were well used and supported independence. The courtyard was freely accessible, with seating and planting areas. This enabled greater freedom and supported emotional wellbeing. The service should ensure this is well maintained so people can continue to enjoy the area. People were seen knitting, reading, and spending time with each other and visitors outside. This encouraged meaningful engagement and supported personal choice.

Environmental safety was well managed. Maintenance systems were in place, and repairs were completed promptly by the maintenance officer. Fire safety checks were up to date, and there was evidence of regular staff participation in fire safety drills. This reduced the risk of harm and helped people feel secure in their living environment.

Housekeeping staff efforts were strong but staffing gaps posed risks. Staff worked hard to maintain standards. Staffing levels for the housekeeping team did not fully meet the needs of the service, and cleaning schedules showed gaps. On some days, no housekeeping staff were present. This could increase infection risks if staffing levels are not increased and maintained. This is reported on further under Key Question 3 where a requirement has been made.

Bedroom spaces supported wellbeing and personalisation. Rooms were personalised with people's belongings such as photos, their own furniture, and keepsakes. People spoke positively about their bedrooms. One person told us, "Having my own furniture, pictures and furnishings really helped me to feel settled after moving in." Lounges were used for music, crafts, and quiet time. This helped individuals feel at home and supported their identity.

Environmental planning showed some commitment to improvement. The service had an environmental improvement plan in place, and refurbishment was underway in corridors. However, some areas of the home continued to need attention, including lounge and quiet areas, and some carpets required replacement. Oversight of environmental details needed strengthening. Signage for bedroom doors and corridors were delayed, which affected orientation and independence. This may lead to confusion and reduce a sense of dignity and autonomy. To support improvement the service should reference Best Practice guidance such as

The Kings Fund Tool and the Care Inspectorates Care Homes for Adults - The Design Guide. Timely action to complete environmental upgrades would enhance the therapeutic value and usability of the living space. (See area for improvement 1)

Areas for improvement

1. The provider should ensure timely completion of environmental improvements, including signage and refurbishment, using best practice guidance to support orientation, dignity, and wellbeing.

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 well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The service had taken some steps to involve people and their families in personal planning and decision-making through reviews. This supported people to have a voice in their care. However, several personal plans were not up to date, making it unclear how consistently people and relatives were being involved in ongoing assessments and reviews. This may result in care that does not fully reflect people's current needs, preferences, or circumstances.

We sampled personal plans and found that some contained good, personalised information, including detailed health care plans and well-structured risk assessments. Some personal plans could have improved detail on people's life history. This would support the development of more personalised plans and outcomes. This ensures personalised care that reflects people's individual experiences and preferences.

It was positive to see "golden outcomes" recorded for some people. For example, accessing a social group aligned to a person's hobby. This reflected what mattered most to individuals. The service should support people to plan outcomes, so this is consistent across all personal plans. This will ensure people are supported to achieve what is most important to them.

Personal plan reviews were overdue. Some plans contained contradictory or inaccurate information, and updates to one area of support were not always reflected across other relevant areas. Although staff knew people well this could lead to confusion and inconsistent care delivery, affecting safety and wellbeing.

The service showed a commitment to supporting people's rights and involvement. However, improvements were needed in personal plan accuracy, inclusion of personal history, and timely reviews to ensure care remains responsive and person-centred. This would help ensure care is tailored, safe, and aligned with people's choices and outcomes.

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

Requirements

Requirement 1

By 30 June extended from 28 February 2025, the provider must demonstrate that there is consistent and effective management in place to support better outcomes for people living in the home, and that quality assurance and improvement is well led.

To do this, the provider must, at a minimum:

- a) ensure the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service
- b) use feedback from people living in the home, their families and staff to inform service development
- c) ensure that outcomes of audits, people's views and adverse events are used to inform a service improvement plan
- d) review the service improvement plan regularly to ensure that actions detailed are effectively improving outcomes for people living in the home

This is to comply with Regulation 4(1)(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: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 11 December 2024.

Action taken on previous requirement

A quality assurance system was in place, but it was not being fully used to evaluate and monitor service provision or drive improvement. This limited the service's ability to identify and respond to areas requiring development.

Feedback from people experiencing care had not been used to inform the improvement plan. This reduced opportunities for people to influence how the service develops and improves.

Not all audits had been completed, and actions from audits, people's views, and adverse events had not been used to inform a live improvement plan. This meant that learning from incidents and feedback was not consistently embedded into service development.

The improvement plan was not a live or working document. This reduced its effectiveness in guiding and tracking progress in service improvement

This requirement has not been met and has been reworded under Key Question 2.

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

People living in the care home and their relatives and friends should have regular and meaningful opportunities to provide their views on the service they receive so that any improvements can be identified and acted upon. If relatives or representatives cannot attend meetings, the manager should ensure opportunities are made available either when visiting or by other means of communication to ensure people feel able to contribute their views and opinions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7)

This area for improvement was made on 11 December 2024.

Action taken since then

One meeting had taken place with residents and relatives, and the manager advised surveys had been carried out, though no evidence was provided. A "You Said, We Did" board showed three actions, including garden improvements supported by relatives and residents. However, there was no overall action plan from feedback, and the improvement plan was not being used as a live document. No further meetings or opportunities for feedback had taken place.

This limited the service's ability to demonstrate meaningful involvement and continuous improvement. This reduced opportunities for people to feel heard and for the service to respond effectively to their views.

This area for improvement has not been met

Previous area for improvement 2

The service provider should enhance the activity staffing to enable the development and provision of a range of meaningful activities to everyone throughout the home. This should also include developing links within the local community.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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) and 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22)

This area for improvement was made on 11 December 2024.

Action taken since then

There was no consistent activity staff across the days of the week in the home. No outings had taken place, and planned activities were limited. This reduced opportunities for people to engage in varied and meaningful experiences.

On the limited days activity staff were present they planned different activities people appeared to enjoy. This showed some effort to promote wellbeing, but further development is needed to ensure regular, person-led activity.

This area for improvement has not been met.

Previous area for improvement 3

The provider should continue to implement and develop staff supervision to ensure that staff are supported, motivated and helped to develop their skills and knowledge. This should include reflecting on practice and professional registration requirements including recognising learning and development opportunities.

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)

This area for improvement was made on 11 December 2024.

Action taken since then

No formal staff supervision had taken place. This limited opportunities for reflection, support, and accountability in leadership practice.

There was evidence of competency assessments with staff and this provided valuable feedback. This supported staff development however needs to be developed.

This area for improvement has not been met

Previous area for improvement 4

The provider should ensure that personal plans are developed in consultation with the individual and their representatives to reflect a responsive, person-centred approach, taking account of individuals choices and preferences.

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).

This area for improvement was made on 11 December 2024.

Action taken since then

The service had taken some steps to involve people and their families in personal planning and decision-making through reviews. This supported people to have a voice in their care. However, several personal plans were not up to date, making it unclear how consistently people and relatives were being involved in ongoing assessments and reviews. This may result in care that does not fully reflect people's current needs, preferences, or circumstances.

This area for improvement has not been met

Previous area for improvement 5

The service should continue to develop the consistency of the content of the electronic care plan system and ensure that all staff know the information regarding the individual support needs of the people they provide care and support to.

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).

This area for improvement was made on 11 December 2024.

Action taken since then

Where personal plans noted specific care needs, such as preferences and frequency for bathing or showering, these were not always being met due to staffing levels. This may result in care that does not reflect people's choices or maintain their comfort and dignity.

Ongoing use of agency staff increased the risk that staff may not be fully aware of individual care needs. Permanent staff were knowledgeable, but new staff did not appear to have dedicated time to familiarise themselves with personal plans.

This could lead to inconsistent care and reduced safety if staff are not well-informed about people's support requirements.

This area for improvement has not 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?	3 - Adequate
1.2 People get the most out of life	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?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate
5.2 Carers, friends and family members are encouraged to be involved	3 - Adequate

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