

# Ythanvale Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Aberdeenshire Council

**Service provider number:**  
SP2003000029

**Service no:**  
CS2003000286

## About the service

Ythanvale Home is located in the market town of Ellon and is close to local shops and parks. The provider is Aberdeenshire Council.

The purpose-built home is single-storey and consists of three units: Ythan, Gordon and Schivas. The home is registered to provide accommodation, care and support for up to 31 people. There is a number of communal areas, a conservatory and an enclosed garden.

## About the inspection

This was an unannounced inspection which took place on 6, 7 and 11 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 eight people using the service.
- Spoke to four families.
- Received questionnaires from eight people who use the service, seven families, 12 staff and nine other professionals.
- Spoke with members of the staff and management team .
- Observed practice and daily life.
- Reviewed documents.

## Key messages

- People were very happy to live at Ythanvale.
- Staff were warm and respectful.
- There was a lovely garden for people to enjoy.
- There was a good range of activities which people enjoyed.
- Carpets in communal areas were heavily stained, which was not a welcoming environment for people to be in.
- Access to the internet for people needs to improve.
- The quality assurance process should be improved to reflect the outcome of audits.

## 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 leadership?	4 - Good
How good is our staff team?	5 - Very 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?

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 shared how much they enjoyed living at Ythanvale and were very happy with the care and support they received. One person said, 'it's affa fine' and another said, 'they do right by me.' One family commented, 'I feel everything is perfect for my [relative]. They enjoy living here so far as they are concerned nothing needs changed.' Another family said, '[relative] continues to thrive at Ythanvale.' We saw warm and caring relationships between staff and people with a lot of laughter and good-natured chat. This helped people felt at ease and safe.

The service is in the process of safely storing medication in people's rooms which will help to ensure people receive medication at the right time and in a person-centred way. We reviewed 'as and when' medication protocols, which had improved, and the service should continue to embed the recording of the effectiveness of the medication.

Shift handovers were comprehensive, with information passed over regarding any changes in people's health and the action taken, for example, contacting the GP and any changes in medication. This meant staff had the most up-to-date information when commencing their shift.

The service maintained very good relationships with visiting professionals, for example, community nurses. One professional told us, 'the staff are all very caring and make sure medical issues are discussed in a timely manner with the practice', another said, 'the staff are always helpful and know their residents well.' Therefore, people could be confident that appropriate support would be sought should their health and wellbeing change.

Everyone had a personal care plan. The plans gave good information about people, including their likes, dislikes and how they would like their care given. We noted some lovely person-centred language being used, for example, someone describing their morning as 'pottering around my room.' The service should continue to write plans from the person's perspective and avoid abbreviations.

People enjoyed mealtimes and they told us how good the food was. When asked, staff were knowledgeable about people's specific diet. It would be beneficial for this information to be available within the dining rooms, so staff have access to any updates on people's nutrition. Drinks and snacks were readily available within people's rooms and communal areas. This meant people had a good nutritious diet.

People were able to participate in a wide range of activities, such as, going shopping, visiting therapy pets and going out for coffee. The service had booked a caravan for a week at a local site, and people, supported by staff, were able to spend time away from home. This had been thoroughly enjoyed. People were able to plant and grow vegetables, which were then used in meals. This gave people a sense of community and being able to enjoy their endeavours. The service took a positive approach to risk, with people being able to independently leave the home. This enabled people to remain connected to the community, whether this was a walk around the adjoining park or going to the local shops to buy papers. Activities were also designed around people, incorporating their likes and hobbies. People were observed reading newspapers, playing the piano and planting flowers in the garden. This meant people experienced an active life.

Resident meetings were held regularly and well attended. The main topics discussed were meals and activities. People's views were sought for future planning to allow for activities to reflect all people's interests and hobbies.

## How good is our leadership?

## 4 - Good

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

Residents, families, and staff found management to be approachable and supportive. One family said, 'very well run and support to families of residents.' Staff said there was an open-door culture and they felt able to speak to management freely.

The service had a number of quality assurance systems, for example medication audits, care plan audits and manager walk-around. Whilst these systems identified areas for improvement, we could not track the outcomes of areas requiring action and how these informed the service improvement plan. We discussed how areas for improvement could be organised into an overarching document which would make it easier to prioritise, plan and track progress to further improve the quality of care. This would mean people could be confident there was a continuous improvement ethos (**see area for improvement 1**).

The service development plan outlined changes that had been made to further improve the quality of people's care, such as more opportunities for people to be active, a gardening group and a monthly newsletter for people and their families. However, the plan did not include evaluations to demonstrate how the changes were contributing to improved outcomes for people. The service should develop the plan using all the available information, including people's feedback on planned improvements (**see area for improvement 2**).

### Areas for improvement

1. To support quality assurance process in demonstrating continuous improvement the provider should include, but not limited to, developing an overarching document collating information from all audits undertaken.

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' (HSCS 4.19).

2. To support good outcomes for people and to ensure that people are at the centre of improvements to how the service is delivered, the service improvement plan should be developed to include target dates, progress information and a review of the outcome of improvements, based on feedback from people using the service wherever possible.

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

'I benefit for a culture of continuous improvement with the organisation having a robust transparent quality assurance process' (HSCS 4.19).

## How good is our staff team?

## 5 - Very Good

We found significant strengths in staffing that supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced genuine warmth from the staff. People told us staff were, 'absolutely amazing' and 'friendly and lovely.' We observed a staff team, irrespective of the role they had, knew and cared about people. Therefore, people benefited from a staff team that worked well together.

The service used a dependency tool to continually assess whether there was sufficient staff to meet people's care and support. We observed people's needs being met in a timely manner and staff being able to spend time supporting people socially, whether this was going out or simply sitting with people having a chat. Therefore, people could be confident there was sufficient staff to support them.

Some staff responded to the questionnaire, concerned about the level of staffing, particularly overnight due to people's needs. We discussed this with leaders and were assured this is being reviewed as part of the provider's redesign.

Supervision was regular, and we were able to track and see that concerns raised in supervision were well managed. This meant staff were being listened to and their knowledge about the health and wellbeing of people was respected and actioned appropriately.

Staff told us they felt the training, for example dementia awareness, nutrition and swallowing and medication, allowed them to feel confident in their role. Practice observations were also in place to ensure staff maintained their knowledge and skills, for example use of individual protective equipment. Therefore, people could be assured staff were well-trained and competent.

## How good is our setting?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Each person had a single room with an ensuite toilet. People's rooms were personalised, which reflected their interests. There were sufficient communal bathrooms and shower rooms for people to use. This meant people benefited from their own personal space.

There were several different areas for people to sit during the day, for example the communal lounge or the conservatory. Since the last inspection, the service had utilised a hallway for a cafe-themed area, which gave people and their families an additional place to sit. People, therefore, had a choice of where to spend their day,

The garden was a very tranquil place and could be accessed freely. The service had placed people at the heart of its design, with raised beds, a polytunnel for planting flowers and vegetables, and sitting/dining areas. There were shaded areas to ensure the garden was suitable for all people, depending on the weather. Therefore, people benefited from being outside in a pleasant and welcoming place.

Whilst there was a number of tools used to assess the environment, we did not see an overarching environmental action plan collating information gained from these tools. This meant there was not a clear understanding of the planned actions and outcomes (**see requirement 1**).

The service had completed the King's fund tool to assess how dementia friendly the environment was, for example highlighting that there should be more dementia signage in the passageways. This had yet to be actioned by the service. This would support people to move around the home better.

The home looked tired, with damaged internal paintwork and heavily stained carpets. The service had continually attempted to clean these stains however, had been unsuccessful. People, therefore, were not experiencing a nice place to sit (**see requirement 1**).

Some doors should be locked to ensure safety, for example the handyman's cupboard where tools are stored and the equipment store. We found some cleaning chemicals lying out where these could be accessed by people, leaving them at risk. The service must ensure chemicals are held within a locked cupboard thus keeping people safe. The medication room temperature was above the recommended temperature for storing medication. We could not see a daily temperature check. The service must ensure the room is adequately ventilated to ensure the safe storage of medication and undertake a daily temperature check (**see requirement 1**).

The internet was not available throughout the home. As a result, people were not able to benefit from meaningful connections, for example with families who lived further afield, or resources online that are available to support people's wellbeing such as online exercise classes or exploring their interests (**see area for improvement 1**).

## Requirements

1. By the 25 November 2025, the provider must ensure people experience high quality facilities.

As a minimum the provider must:

- a. Audit the whole environment regularly including fixtures, furnishing and décor.
- b. Develop a maintenance plan and improvement plan with actions and timescales.
- c. Ensure the flooring in the communal areas is suitable and able to be cleaned to an acceptable standard.
- d. Ensure chemicals are safely stored in a locked cupboard.
- e. Ensure the medication room temperature is in line with the safe storage of medication guidance.

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:

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

## Areas for improvement

1. To support meaningful connection and to support people's interests, the provider should ensure there is access to digital services.

This should include but not limited to, access to the internet.

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

'If I experience 24-hour care, I am connected, including access to a telephone, radio, TV and the internet' (HSCS 5.10).



## 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 wellbeing and a pleasant living environment, the service should ensure there is a comprehensive environmental audit of both personal and communal areas and report any defects and action required.

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 cleaning, tidy and well-maintained premises, furnishings, and equipment' (HSCS 5.24).

**This area for improvement was made on 21 February 2024.**

#### Action taken since then

This area for improvement has not been met and a requirement has been made in its place. (see key question 4)

#### Previous area for improvement 2

To support wellbeing and to ensure that people benefit from receiving their medication as it is prescribed, care plans should be updated and reflective of changes that people want or are assessed as needing to their care and support. This should include the implementation of 'as required' medication protocols.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) 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 21 February 2024.**

#### Action taken since then

The service had introduced 'as and when' protocols which gave clear information of when medication should be administered. We were able to see any changes recorded within people's care plan. This meant people were receiving medication as prescribed.

**This area for improvement has been met.**

#### Previous area for improvement 3

To support good outcomes for people and to ensure that people are at the centre of improvements to how the service is delivered, the service improvement plan should be developed to include target dates, progress

information and a review of the outcome of improvements, based on feedback from people using the service wherever possible.

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

'I benefit for a culture of continuous improvement with the organisation having a robust transparent quality assurance process' (HSCS 4.19).

**This area for improvement was made on 21 February 2024.**

### Action taken since then

Whilst there had been improvement within the service improvement plan, for example target dates and progress, we still could not see how outcomes had improved people's lives. Therefore, this area for improvement has not been fully met and reinstated (see area for improvement 1 in 'How good is our leadership?').

## 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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