

# Storyville House Care Home Service

Storyville House Residential Home  
Beechwood Place  
Kirriemuir  
DD8 5DZ

Telephone: 01575 574667

**Type of inspection:**  
Unannounced

**Completed on:**  
20 August 2025

**Service provided by:**  
Storyville House Limited

**Service provider number:**  
SP2023000427

**Service no:**  
CS2023000419

## About the service

Storyville House is a care home for older adults situated in a residential area of Kirriemuir. It is close to local transport links, shops, and community services. The service provides residential care for up to 27 people.

The service provides accommodation on one level in single bedrooms. All rooms have en suite toilet facilities and six also have a shower. There are shared bathing and showering facilities for the remainder of residents. There are two sitting rooms and a dining room. There is access to enclosed gardens to the front and rear of the property.

## About the inspection

This was an unannounced inspection which took place on 12, 13, and 15 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 and six of their family
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Staff were very good at developing meaningful relationships with people.
- People were involved with developing and reviewing their care.
- Leaders were highly knowledgeable about aspects of the service which required improvement.
- The provider should continue to improve upon access to outside spaces.
- The service was very good at ensuring people were connected to their families and local community.
- Staff were very good at communicating important information with families.

## 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?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	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?

5 - Very Good

We found significant strengths in aspects of care provided and how these supported positive outcomes for people. Therefore, we have evaluated this key question as very good.

The service was working closely with external organisations, including the Health and Social Care Partnership and the Care Inspectorate with joint projects designed to improve people's experiences while living in care environments.

Most recently the service had engaged with other professionals in a programme of activity to seek to improve outcomes of people who may experience stress and distress as a result of cognitive decline and disease. We saw that staff used positive interactions and techniques to prevent and reduce stressed reactions, reducing the need for use of psychoactive medication.

Holistic assessments of people's physical and mental health needs and social needs had been completed and staff in the service demonstrated an increased understanding of preventative care and treatment.

The service had developed good relationships with local GPs and district nursing services and there was improved engagement and information sharing resulting in people experiencing more streamlined care, receiving the right care at the right time from the right people.

Leaders in clinical knowledge had contributed positively to health outcomes for people. We heard key information about people's health being shared in meetings and staff demonstrated a greater understanding of how people's conditions impacted their experiences. Staff knew people well and were vigilant to changes in their presentation, any concerns were escalated quickly with measures put in place where necessary.

Staff were aware of high risk areas in people's care needs. For example, where someone was at high risk of falling or poor nutritional intake. Information was available in people's personal plans and the team discussed any changes in shift handovers and daily meetings. This meant that areas of concern were tracked and appropriate actions taken.

Systems and processes were in place to support safe medication practice and leaders completed regular audits of the system and observations of staff practice to ensure that people continued to receive medication in line with best practice.

The service has worked hard to provide opportunities for people to continue to be engaged with their local community. We saw that there had been lots of events, including the Storyville Music Festival which had been very popular with all. Some people continued to access local shops and attend events at community resources. Together this contributes positively to people's overall sense of belonging and wellbeing.

During our inspection we completed observations to see how active people were and if they were meaningfully engaged at home during the day. While we saw that staff were visible and completing tasks, some people sat for extended periods of time without engagement or encouragement to move. People who preferred to spend time in their room did not experience regular opportunities for meaningful engagement (see area for improvement 1).

People were able to choose from a range of healthy meals and tasty treats were also provided. People told us that the chef was very good and that they were offered alternatives when they did not like something or had changed their mind about what they wanted. One person told us that the food was "first class" and that the "home baking is excellent".

Our inspection was completed during a spell of extreme heat. We saw that staff were vigilant in ensuring that people had access to sufficient fluids. People were continually offered a range of fluids and were prompted, reminded, and supported to drink. As a result, people remained well hydrated.

Leaders completed regular care audits. Quality assurance processes identified areas for improvement and these were acted upon quickly. This ensured that people continued to receive care and support of a very good standard that met their changing needs.

### Areas for improvement

1. In order to improve wellbeing of people experiencing care, the provider should ensure everyone is provided with regular opportunities to engage in activities and connections that are meaningful to them. This should include people who choose not to engage in group activities or who receive care and support in their rooms.

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

### How good is our leadership?

### 5 - Very Good

Performance across quality assurance and improvement demonstrated major strengths in supporting outcomes for people. Opportunities were taken to strive for excellence within a culture of continuous improvement. We have, therefore, evaluated this key question as very good.

There was a comprehensive and detailed improvement plan in place to monitor the quality and effectiveness of systems and functions across service delivery. The plan was regularly reviewed and updated, with any areas for improvement tracked until satisfactory completion.

Honest assessments of performance ensured that quality assurance information and clinical governance systems were effective in identifying areas where improvement was necessary. This supported an improvement-focussed culture with a drive for continuous improvement.

When we spoke with staff and people's families, they had an awareness of what the provider wanted to improve. They told us that they were asked for feedback about their experiences and what improvements that they would like to see. This led to a more dynamic plan which considered the views of all stakeholders.

People told us that leaders were proactive and responsive to suggested changes, giving them increased confidence in leadership of the service.

When we spoke with staff they told us that they felt safe and supported in their roles. They reported that the manager and deputy manager worked well as a leadership team and this had directly influenced an improvement in the culture within the team. Leaders spoke highly of the team and endeavoured to ensure that they were provided with opportunities to improve their skills and performance. Together this mutual respect impacted positively on the outcomes of people experiencing care.

## How good is our staff team?

4 - Good

We have evaluated performance of this key question as good. There were a number of important strengths, which taken together outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes.

Staffing arrangements were informed by information from people's personal plans and care assessments. Recognised tools were used to calculate people's dependency levels and leaders continually assessed changing clinical needs of the whole service. Together this contributed positively to ensuring that people's needs were met by the right number of staff.

Overall, staff and leaders were visible throughout the inspection and this was something that people and their families had seen an improvement in. There were some occasions when people in communal areas, such as the lounge, were unobserved for short periods of time. However, people told us that they were able to alert passing staff if they needed them.

There were a number of unplanned staff absences at the time of inspection. However, staffing contingency plans were applied and supported people did not experience a negative impact to their care and support because of the absences.

Staff breaks, handovers, and meetings were well managed so that there was limited impact on care delivery. Staff communicated well with each other throughout the shift to ensure that tasks were completed and that people's needs would be met.

Staff training had improved since our last inspection, with a high compliance rate for essential training and an increased number of staff completing and preparing to complete essential training for compliance with their registration.

Quality assurance and audits of staff performance were being completed and any practice concerns were dealt with quickly and effectively. Staff reported an improvement in team working and culture and when we spoke with staff they reported as to feeling valued and respected.

## How good is our setting?

4 - Good

We have evaluated this key question as good. There were a number of important strengths observed across the setting which had a positive impact on people's experiences and outcomes. However, improvements must continue to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

The home was bright, clean, and free from intrusive noise and smells. Overall, the home was free from clutter, providing a safe environment which was easy to navigate and supported the maintenance of good infection control processes. We reminded the provider during the inspection that office spaces and staff welfare areas should also be kept clean and uncluttered to ensure high standards are maintained.

The provider ensured that staff had access to sufficient supplies of cleaning materials and personal protective equipment (PPE). Overall, cleaning schedules were being completed consistently with only a few gaps in records. Personal care equipment was cleaned and maintained in line with guidance. This contributed positively to meeting infection prevention and control standards.

We saw that the provider had continued to invest in the environment with work ongoing to ensure that they meet the conditions of their registration. We will continue to track progress through our scrutiny processes.

People were able to choose where to spend their time. Some people liked to sit in the lounge while others enjoyed time in their rooms. We noted that an increasing number of people were choosing to sit in the main corridor near the entry to the home. This area would become congested quite quickly and may present a risk to those people navigating with walking aids.

The dining area is small and could become quite busy. Recognising the difficulty that this caused for some people, the provider had created a small quieter dining area in the lounge. This contributed positively to those who needed to eat where there were limited distractions.

People's bedrooms were cosy and comfortable. Rooms were personalised, reflecting people's likes and dislikes and their personalities. One person told us, "It's a home from home".

The provider had completed work to make an enclosed space for people to experience time outside, however people were dependent on staff to allow access. During the inspection no one spent time in the garden. Further improvement is necessary to ensure that people are able to access safe outdoor spaces unrestricted (see area for improvement 1).

At the time of inspection, the home was without a dedicated maintenance person. However, contingencies were in place to ensure that regular maintenance and repairs were completed timeously. All safety checks had been completed with relevant certification available.

The provider was responsive to any improvements identified during the course of the inspection and we saw that where their own environmental audit tools had identified issues, these were tracked and rectified. These processes contributed positively to people experiencing a pleasant and safe environment that would continue to meet their changing needs.

## Areas for improvement

1. To support people's independence, the provider should improve access to outdoor spaces whereby people experiencing care are able to freely and safely access enclosed garden areas.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1); and 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

## How well is our care and support planned?

**4 - Good**

We evaluated this key question as good, where several strengths impacted positively on experiences and outcomes for people experiencing care.

An electronic care management system was in use to support personal planning activity. Since our last inspection, staff had become more confident in using and recording information in the system. This impacted positively on the care and support that people experienced.

People and their representatives were involved in developing and reviewing their care to ensure that it continued to meet their changing needs and while electronic systems had improved care planning processes for the provider, people did not have access to them (see area for improvement 1).

The service engaged with external professionals in the development and review of personal plans. This ensured a more holistic approach to the care and support that people received.

Overall, plans were very detailed, some plans required further input. Some plans referred to the Health and Social Care Standards (HSCS) to ensure that the care being delivered aligned with the standards expected. Plans included information about people's preferences, what was important to them, and how they would like to be cared for and supported. We saw that the care being delivered matched what was described in people's plans.

Plans were person-centred, detailing the rights, choices, and preferences of those experiencing care. Information about people's capacity and decision making was supported with the correct legal frameworks. Where restrictions were in place, these were managed sensitively. People were being supported to discuss their future care needs, however where people were not comfortable to discuss this, the provider respected their wishes.

The service was good at promoting a strengths-based approach, focussing on maintaining independence or developing new skills. There were positive risk assessment and management plans in place where people were enabled rather than restricted. One person said, "My life has opened up, they help me to do all the things I want".

Regular reviews and updates were taking place and leaders completed regular audits of care planning standards. Where any issues were identified, action was taken to improve plans, ensuring that the care and support experienced reflected best practice and met people's needs.

## Areas for improvement

1. To support decision making and inclusion, the provider should ensure that personal plans are easily accessible and in a format that is meaningful to people experiencing care and/or their representatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17); and 'I receive and understand information and advice in a format or language that is right for me' (HSCS 2.9).

## 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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very 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
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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