

Alastrean House Care Home Service

Tarland
Aboyne
AB34 4TA

Telephone: 01339 881 235

Type of inspection:
Unannounced

Completed on:
9 September 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2005087489

About the service

Owned and managed by Balhousie Care Ltd, Alastrean House was registered to provide a care service to a maximum of 51 older people.

Alastrean House is a traditionally built home set in its own grounds in rural Aberdeenshire. All the bedrooms are single rooms with ensuite facilities. There are a variety of communal sitting and dining rooms.

The service employs a team of nursing, care, domestic and catering staff with varying degrees of skills, expertise and qualifications.

This service has been registered since 29 March 2005.

About the inspection

This was an unannounced inspection which took place on 08 and 09 September 2025. The inspection was carried out by three 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:

- spoke with nine people using the service and seven of their family. We also received feedback from a further one person using the service and six of their family through care surveys
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The manager had good oversight across the home and was a visible presence to staff, residents and their relatives.
- People and their relatives were happy with the care and support provided. Communication was good.
- Staff were kind, caring and welcoming.
- Some improvements are required around sustaining a good level of cleanliness in the home.
- The manager should raise awareness of Anne's Law with staff to help ensure people are consistently supported to maintain contact with loved ones.
- A full medication audit should be carried out to help ensure records pertaining to medication are accurate and up to date.

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 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.

People experienced compassionate care because staff were kind and considerate. We saw and heard many interactions that helped to develop these relationships. People told us, 'The carers are lovely, very kind, very understanding' and 'The staff are all very caring'.

The manager had very good oversight of people's health and wellbeing. Daily flash meetings helped to ensure staff from all departments were updated with relevant information to help ensure people's needs were being met. Weights, wounds, falls and any infections were all part of the daily discussion along with any professional visits that were planned or required. We heard from professionals that 'Communication is good' and 'I feel we work well together'. This helped to ensure that people received support from appropriate agencies and that their needs were being met.

People had access to drinks in bedrooms and in communal areas. Where there was a need, staff monitored people's intake to help ensure they were drinking sufficient amounts to support good wellbeing. We were satisfied that people's hydration needs were being met.

People's nutritional needs were being met. There had been variable feedback about the food in recent months with some people saying it could be better. There was regular discussion with people about the menus and the quality of food and the cook was adapting the menu to reflect this. A daily menu was displayed which included alternatives for people to choose from. One family member told us, 'The show plates are an excellent idea - it means my relative can see what they can choose'.

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 regularly to help ensure that information was accurate and up to date. The manager should continue to support staff to update information as people's needs change in order to ensure the most up to date information is available to help direct care and support.

People's skin integrity was maintained through regular observation and assessment. Any bruises, wounds or pressure damage was recorded and wound care plans were created in order to ensure regular monitoring and appropriate treatment and interventions. The recording of positional changes where people needed support with this, needed to improve. Staff were recording retrospectively which meant there was not an accurate record of support provided at the required frequency described in care plans. The manager was aware of this and was supporting staff to improve documentation.

People's communication needs were described in care plans. Care notes did not always describe that support was being provided as directed in the care plan. Staff need to ensure that where people require the use of aids or equipment such as hearing aids then this support is provided and that care notes reflect this. This would help to ensure that people could communicate more effectively.

The provider had recently introduced an electronic medication administration record (e-mar). Regular audits were taking place to help introduce the system and identify where further support may be required to ensure there were accurate records of medication that reflect people are receiving their medication as prescribed. We highlighted some discrepancies in stock recorded electronically and the physical stock counted. This could mean that there had been errors in administration. We have asked the manager to carry out a full audit of all medication to ensure that records of medication are accurate. **See area for improvement 1.**

People were supported to maintain contact with family and friends. There were no restrictions on visiting at the time of our inspection. Families told us they could visit at any time and always felt welcome.

Families also told us that they felt very well informed through regular relatives meetings. The manager was described as 'visible and approachable' so people were confident that there was effective communication.

There were a range of opportunities that included the local community which provided further social connections for people.

Staff were not confident talking about the principles of Anne's Law and what this meant for people and their families. It is important that the profile of Anne's Law is raised within the home to help ensure people's rights are upheld and that they continue to enjoy meaningful connections with their friends and family. **See area for improvement 2.**

There were systems and processes in place to support the management of infection prevention and control, and staff had access to sufficient supplies of cleaning materials and personal protective equipment to support safe practice.

Regular monitoring and quality assurance processes were completed these included observations of staff practice to ensure compliance, where issues were identified leaders addressed these directly with staff. However, some of these processes had failed to identify issues found at inspection (see key question 4 "people experience high quality facilities").

While most staff had completed infection prevention and control training, we were not confident that practice was sufficiently embedded to prevent the spread of infection or protect people during a potential outbreak of infectious disease.

When we spoke with staff, they were able to tell us about the care home infection prevention and control manual which details best practice and provides guidance for cleaning and disinfection of the care environment. However, from our observations we saw that best practice was not always adhered to increasing the risk of cross infection for those living and working in the home. **See area for improvement 3.**

Clear policies and procedures were in place to ensure that people had access to those that were important to them, even when there was an outbreak. This included contingency planning for periods of reduced staffing.

While staff were clear about supporting people's wellbeing and protecting their rights there was a lack of understanding about the legislation aimed at ensuring people maintain meaningful connections with loved ones during an outbreak of infectious disease. **See area for improvement 2.**

Staff were observed to use and dispose of personal protective equipment appropriately. We saw that they completed handwashing and hand hygiene techniques in line with best practice, and residents were directed and supported to wash their hands at appropriate times throughout the day. Together this reduced the risk of cross infection.

Areas for improvement

1. In order to ensure that people receive their medication as it is prescribed, the provider should ensure records relating to medication management are accurate and robust. To do so the provider should;

- complete a full audit of all medications and recording systems to identify where improvements are required
- take appropriate action to ensure actions are complete and ongoing monitoring is robust to help maintain accurate records.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. In order to ensure people's rights are upheld the manager should ensure that staff practice reflects the Health and Social Care Standards, My support, My life.

This includes ensuring staff are aware of Anne's Law and how this can have a positive impact on outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to understand and uphold my rights' (HSCS 2.3) and 'I am an adult living in a care home and restrictions to routine visiting are needed to prevent infection, I can nominate relatives/friends (and substitutes) to visit me. My nominated relatives/friends will be supported by the care home to see me in person day-to-day and to be directly involved in providing my care and support if that is what I want' (HSCS 5.16).

3. In order to promote the health and wellbeing of people, the provider should ensure that all staff undertake Infection prevention and control training relevant to their role and that they can demonstrate an understanding of their responsibilities in maintaining a safe environment and protecting people from infection.

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).

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 home was warm, comfortable and welcoming, with good quality decoration and furniture overall.

Consideration had been given to ensure that the setting met people's needs, with the use of signage directing people to different areas in the home such as lounges and bathrooms. Staff were mindful to keep the environment clutter free to ensure that people could walk safely through the building.

The setting offered different options for where people could spend their time. The main building had a large dining room, a café area and lounge where people were seen to enjoy activities and entertainment. Thought had been given to the placement of seating areas in the corridor to offer people quiet spaces and rest stops as they walked through the building.

People with bedrooms located on the ground floor of the main building were able to walk freely between their room and communal areas, while those who lived in different parts of the home were dependent on the availability of staff for support. While we did see people being supported to access other areas of the home, some people told us that they often waited for a long time before staff were available, this sometimes led to people becoming impatient and stressed.

People were able to have personal belongings such as furniture and photographs in their rooms, this ensured that people would be more comfortable in their surroundings.

Overall, the home was clean, however we did identify issues with infection prevention and control procedures where practice needed to improve. Some bedrooms were malodorous, and cleaning had not been completed effectively. Some mattress and care equipment, while of good quality and intact, were not cleaned effectively. The provider rectified this situation during the inspection but further training for staff is necessary to ensure best practice is maintained (see key question 1 area for improvement 3).

People were not yet able to safely and freely access outdoor spaces, however, planning processes are now underway to ensure that this option is available. We will continue to monitor progress as part of our ongoing scrutiny work.

There were effective systems and processes in place to ensure that appropriate environmental health and safety standards were maintained. This included the maintenance of care equipment such as hoists. Staff were good at recognising and reporting any issues and the maintenance operative responded quickly and effectively to ensure that the environment was safe.

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 promote people's mental and physical wellbeing, the provider should ensure that people are able to regularly, independently and safely access outside space.

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).

This area for improvement was made on 2 October 2024.

Action taken since then

People were being supported to get out of the home. Regular bus trips had been established and families told us about making good use of the grounds around the home.

The manager continued to consider how people's opportunities could be increased and there was a plan in place to create a safe, secure area for people to access independently if they are able to.

This area for improvement has been met.

Previous area for improvement 2

To ensure that people experience an environment that is safe, clean and well maintained, the provider should ensure that all areas of the home are well maintained and can be cleaned effectively. This includes but is not limited to the laundry.

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

This area for improvement was made on 2 October 2024.

Action taken since then

We saw that action had been taken to address the environmental improvements required in the laundry to help ensure this could be more easily cleaned. We did not identify further issues during this inspection that were not being attended to.

We did however identify where improvements were required in staff practice to help ensure the home is clean and free from offensive odours. We have made a new area for improvement under key question 1.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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