

The General Anderson Trust Care Home Service

Anderson's Care Home
Institution Road
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IV30 1RP

Telephone: 01343 542281

Type of inspection:
Unannounced

Completed on:
8 August 2025

Service provided by:
The General Anderson Trust

Service provider number:
SP2020013581

Service no:
CS2021000129

About the service

Anderson's is a listed building which is registered to provide a care service for up to 51 people over the age of 65. The home comprises of five units. The units vary in size and can accommodate from eight to 13 residents, each in a private single bedroom. The fifth unit is housed within a large, detached period residence next door.

Bedrooms have en suite toilet facilities. Bathing and showering are shared facilities and are available in all units. There are dining and sitting rooms in all units. A large hall is available for visitors and residents and is used for planned events.

The principal aim is to provide the highest quality of care, ensuring a comfortable and supportive environment where individuality, dignity and quality of life are paramount to the residents.

About the inspection

This was an unannounced inspection which took place on 5, 6 and 7 of 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 14 people using the service and six members of their family
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The home was clean, tidy and welcoming.
- People appeared well cared for. People said they were happy with the care and support they received.
- Families felt well-informed about any changes to their loved one's care and support.
- Managers were visible and accessible to people.
- Mealtimes were calm and relaxed. This contributed to a social dining experience.
- The risks of people falling had reduced due to better risk management and investigation of possible causes of falls.
- There was room to improve enablement and meaningful engagement of people based on their preferences and experiences.
- A full environment audit will help the service plan changes that improve people's use of their living spaces, indoors and outdoors.

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.

We received positive feedback about the quality of care and support people received. People appeared well cared for. Staff supported people at a relaxed pace and according to people's choices. We were told, 'You just need to ask and you get what you want', 'I am well looked after. Anderson's is top of the range' and 'This place has been an absolute god-send'. This meant that people were treated with compassion, dignity and respect.

Most of the time, people were well supported to wash, dress, and take care of their appearance. They looked comfortable and relaxed. Occasionally, a lack of attention to detail meant some people's dignity was not maintained. The staff team were quick to respond to our feedback on the day, however, it would be beneficial to ensure regular oversight of people's care and support in all parts of the home, so that staff can identify and address these matters promptly as they arise.

Communication with relatives was good. Families told us they felt well-informed about any changes in their loved one's care. They also told us that they found the management visible and approachable. This built trust in the staff and management. One relative said, 'We are told about everything, whether it is a fall or a change of medication' while another added 'Current leadership team are very good and their care and compassion filters down through the team'.

People's mealtime experiences were good. The meals smelt and looked appetising and people were offered alternatives to the two main choices. There was also a sheet displayed in the dining rooms with alternative suggestions to the menu options. Staff were knowledgeable about people's dietary needs, including those individuals who required modified textures or altered diets. People told us they were happy with the meal choices and we observed people enjoying their meals. Staff were attentive and helped people access snacks and drinks throughout the day but more could be done to encourage people to access snacks and pour drinks themselves. This will ensure people maintain their independence and skills are not lost.

There was a wellbeing co-ordinator who helped plan activities within the care home and the local area. There was a programme of activities including links with the community, such as visits from local schools and visits outside of the home, including bus trips. People were able to join these activities. Group and one-to-one activities had a positive impact on people's quality of life.

However, each day there appeared to be only one activity available in the main building and one in Easton house, which is located in a separate building. This offered limited opportunities for meaningful engagement, especially considering the size of the home. Staff also missed opportunities within units to engage meaningfully with people. These factors can contribute to a lack of meaning, purpose and movement in people's lives. The provider should develop a whole team approach, which includes care staff, to support people to get the most out of life (**see area for improvement 1**).

People had limited involvement in planning the wellbeing activities, so the programme might not have reflected what people actually enjoyed. Staff were not regularly collecting feedback after activities either, which meant the service could not meaningfully adjust how the activities were delivered or change the activities on offer. The service should ensure the activities programme is based on people's preferences and

shaped by their experiences. This will help increase people's enjoyment and participation in activities, which can further improve their emotional wellbeing (**see area for improvement 1**).

Staff managed falls well and acted quickly when people needed medical help. This protected people's health and prevented unnecessary pain. After each fall, staff updated people's personal plans and risk assessments to include any new measures that could further reduce the risk of future falls. Management also reviewed falls monthly to identify common patterns or causes and took action when necessary. These steps helped to lower the risk of harm to people's health and wellbeing. However, the service could do more to encourage people to stay active, build strength and maintain independence. This would help prevent future falls and reduce the harm if a fall does occur.

Care plans were detailed, and person-centred. When people's needs changed, their care documents reflected this change. Regular six-monthly reviews took place which involved people and their family or representatives. This meant care was planned and reviewed in a meaningful way.

Medication was managed well, resulting in people receiving the right medication at the right time. There was information on how someone wished to take their medication, for example, with juice. This meant that people benefitted from a person-centred approach that supported people's choices. We saw positive recording of "as and when" required medication, however, the service should record the effectiveness of this medication to ensure medication is having the desired outcomes.

Areas for improvement

1. To promote people's health and wellbeing, the provider should ensure that:

- a) staff receive guidance about the importance of meaningful engagement and actively seek opportunities to engage people effectively throughout their day
- b) staff and wellbeing co-ordinators work together to provide meaningful activities which reflect individuals' interests and hobbies
- c) feedback is sought after activities from people, families and staff taking part
- d) information recorded is analysed to inform the activities programme and offer people more enjoyable ways to spend their time.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6); and

'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 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 friendly and welcoming. Staff took pride in the service and appreciated that it was people's home. The home was well-maintained and decorated to a good standard. People's bedrooms were clean, well-maintained and personalised, improving their experience, dignity and comfort.

The home was clean, tidy and clutter free with cleaning protocols in place. There were sufficient domestic staff on duty to ensure that the standards of hygiene were maintained. Infection prevention and control (IPC) stations were available for staff throughout the home and used appropriately. People could be confident that they were being cared for in a clean and healthy environment. We advised the service to consider changes to storage of masks in some IPC stations and spare toilet rolls in some communal areas, as these were exposed to dust and air contamination.

Maintenance records were in good order, with a clear process for highlighting any required work. The handyperson attended to any maintenance tasks promptly and effectively. This meant that equipment and facilities used by people, were generally safe and in good working order. However, pedal bins in some communal toilets and bathrooms were not working correctly. As a result, people and staff had to touch the bin lids to throw away items which increased the risks of cross-contamination and infection. We spoke to the managers and they assured us they would get the issue fixed quickly.

There was a large hall at the entrance of the main building and many people spoke about feeling the warmth and beauty of the building when they were in this space. People enjoyed many social events in the hall. For example, there had been a recent celebration of a resident's birthday and the hall was decorated to mark and celebrate the occasion. There had also been a recent exhibition held of a person's artwork and their family members spoke about the joy and pride they felt when this happened. This showed that the service valued, respected and celebrated people's individuality, and that the main hall was being used effectively to enrich people's lives.

Each unit in the home had its own lounge and kitchen/dining area. This helped make mealtimes more sociable and reduced noise that could disrupt people's enjoyment. However, some dining chairs had damaged upholstery which made them harder to keep clean and increased the risk of infection. This could negatively impact people's health and wellbeing.

The lounge areas in the units usually had chairs arranged along the walls, with people often having to turn in their chairs to watch the TV. This arrangement of the chairs also limited opportunities for people to converse with each other. As a result, people's opportunities to socialise and enjoy themselves were reduced.

There was signage on communal used doors with good contrast but signage to help people find their way around the home was limited. People's communal spaces such as shower rooms and toilets were very clean and offered contrast in some areas but there was room to improve this. The provider should review the type of signage and how this is displayed. This would make it easier for people to find their way around the home.

The home had beautiful, large garden spaces with multiple secured garden areas, a heritage garden, a paved area with sheds and an orchard with raised beds and fruit trees. One of the units opened into a large, paved area with a few steps down to the front gardens. This space was full of old, broken equipment and clearly unused by people living in the home. The secured gardens had a lovely, sheltered space that was mainly being used as a smoking area by staff. There were missed opportunities in using the outdoor spaces consistently to add meaning, purpose, movement and joy in people's lives.

Students from an arts university had worked on a project within the service to review the environment and consider improvements that could enhance how people use the home. However, the project did not lead to a clear plan that supported the provider in identifying and planning changes to improve people's living spaces. Therefore, a full audit of the home environment was needed to identify, plan, carry out and monitor improvements. The audit will also be an opportunity to make the most of the earlier project work. This would help people make the most of their living spaces, both indoors and outdoors (**see area of improvement 1**).

Areas for improvement

1. To promote people's health and wellbeing, the provider should audit the home environment to identify, plan, carry out and monitor improvements that help people make the best use of their living spaces, both indoors and outdoors.

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).

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

Improvements should be made to develop an enablement approach to how people are supported. This will help people to retain skills and abilities.

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

‘My care and support meets my needs and is right for me’ (HSCS 1.19).

This area for improvement was made on 16 October 2023.

Action taken since then

People’s personal plans detailed what they could do for themselves and how to support them with personal care to maintain skills. Staff also spoke about the importance of helping people do as much as they can for themselves. However, we saw limited inclusion of people in more day-to-day tasks like dusting, accessing and pouring their own drinks or helping with setup and tidying up at mealtimes. Activities programme offered some movement based activities but considering the size and layout of the home and the number of people supported during activities, the programme did not offer enough opportunity for regular physical activity for most people. The service would benefit from a whole home approach focused on enablement and meaningful engagement. This would help enhance meaning, purpose and movement in people’s lives, which will benefit their physical and emotional wellbeing.

This area for improvement remains unmet and will be followed up at our next inspection.

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

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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