

## Letham Park Care Home Care Home Service

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Edinburgh  
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**Type of inspection:**  
Unannounced

**Completed on:**  
22 August 2025

**Service provided by:**  
Renaissance Care (No1) Limited

**Service provider number:**  
SP2011011731

**Service no:**  
CS2011303093

## About the service

Letham Park Care Home is one of a number of care services provided by Renaissance Care (No1) Limited. It is registered to provide care and support for up to 70 older people. The care home is situated in the North Leith district of Edinburgh close to a main road with public transport facilities, shops and parks nearby.

The care home consists of two buildings surrounded by landscaped gardens including car parking. Mathieson House at the front of the grounds is a refurbished Victorian property. It provides care and support for up to 20 people. Garden House is a modern building to the rear of the grounds and provides care and support for up to 50 people across three levels with lift access. Each unit (Islay, Arran and Skye) is similar in layout with a lounge and a dining room.

The care home also had a hair salon, communal lounges, enclosed gardens and a conservatory. The home employed registered nurses, social care workers, with dedicated kitchen, laundry, domestic and maintenance staff. There were also dedicated activity coordinators.

There were 67 people experiencing care at the time of the inspection.

## About the inspection

This was an unannounced inspection which took place on 12, 13, 14 August 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 14 people using the service
- looked at information in one questionnaire returned by a person using the service
- looked at electronic feedback from four health/social care professionals
- looked at electronic feedback from six family members
- spoke with eight family members/friends
- spoke with 22 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals

## Key messages

- Feedback about the quality of people's care experience was varied and identified positive aspects of the service as well as areas that needed to be improved.
- There were many compassionate and caring staff but further observations to monitor staff practice and the quality of interactions was required to ensure people's care and support was consistently of a high quality.
- Some refurbishments and redecoration has taken place and works to increase people's communal space in Garden House were due to start in April 2026.
- The quality of people's environment needed further attention to promote people's sense of worth, safety and wellbeing.
- Call bell response times needed further monitoring to reflect that care is responsive and people's needs are consistently attended to promptly.
- Wound care was well managed but staff needed further training on classification of pressure injuries. The quality of recording of preventative practice varied across records reviewed and screening tools were not always being completed correctly
- People were not consistently getting the required care and support as detailed in their personal plans/needs assessments to promote their own and others' safety and wellbeing.

## 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?	3 - Adequate
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

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

We received mixed feedback about the quality of care and support people experienced. Some was very positive, whilst others raised concerns and felt things could be improved. Most external healthcare professionals were positive and shared that management responded promptly to any issues needing addressed. One healthcare professional shared that assessment forms relating to continence had not been completed when requested.

We observed caring and compassionate interactions between staff and people supported. Some staff were particularly attentive and communicated with people in a person-centred way. This maintained their dignity, showed respect and promoted a sense of self-worth. Despite witnessing some positive and person-centred interactions, some staff would benefit from training and support to adopt a more person-centred approach in their communications. This would ensure a more consistent approach across the service.

Comments included

'They go out of their way to help you. Very good care and compassionate staff - only one who my (name of relative) doesn't get on with.'

'They all seem very good. I am happy enough here and like my room well enough.'

'Some staff are really very good but others not so much.'

'I would say things are 'adequate' - some really good staff but some don't communicate well or know how to follow instructions. There isn't much going on here - people just sitting about in that lounge a lot of the time and have been so many issues with the laundry. '

'the activity planner doesn't seem to match what is actually available.'

Robust medication management systems were in place for storage, administration and recording. Staff responsible for administering medications were appropriately trained. Regular medication audits meant any discrepancies or development needs were recognised promptly. This protected the safety of people experiencing care.

A pain assessment tool was in place which helped staff to assess whether 'as required' medication was needed. From reviewing documentation, we found this tool was not used consistently. Regular use of the tool would support staff to assess levels of pain more effectively, administer as required pain relief promptly and determine whether people's prescribed pain management is effective. This would help improve the quality of life for people experiencing care. (See area for improvement one)

Several relatives raised concerns about communication in relation to people's health and wellbeing. Some shared they were unable to see their loved one's daily care records and were relying on staff being

transparent. One relative commented on the lack of positive updates and reported only having communication about adverse events. Other feedback included not being informed about unexplained bruising, staff not being aware of loved one's outcomes when asked and relatives being unaware of relative's meetings and social events. A relative shared that an agreement was made for them to receive a weekly phone call with updates, but this had not transpired. People without access to social media felt they were disadvantaged as they couldn't see what activities their loved ones were participating in. This meant some relatives did not have reassurance that their loved one's needs were being met or whether they had regular access to meaningful engagement. (See area for improvement two)

Individualised falls risk assessments were in place, providing sufficient detail to minimise risk. Risk assessments were regularly reviewed and were altered as people's needs changed. However, we found that the use of a person's sensor mat was not in keeping with their personal plan. This meant staff were unable to monitor movements, resulting in the inability to identify when assistance was needed. We noted that there had been several unwitnessed falls in the home. Staff should utilise the information available within the falls risk assessment, ensuring the risk reducing measures are in place. This would reduce the risk of injury and help staff to identify people needing assistance promptly. (See area for improvement three)

People's food choices and preferences were considered, and the chef was able to provide some alternative options if required. We received variable feedback about the choice and quality of food, indicating there was scope for improvement. People's food and fluid intake was documented, allowing staff to quickly identify those at risk of malnutrition. The kitchen was well run although short staffed at the time of inspection. The chef had a good awareness of people's nutritional needs, dietary preferences and allergies. Mealtime experiences were variable across the service. For example, some tables were set with due care and had condiments and vases of flowers, but others were without. The management team carried out audits of the mealtime experience. Although the mealtime audits were thorough and had picked up on some issues to improve on, these had not yet been fully implemented.

Personal care interventions including those relating to continence were not well documented, providing a lack of evidence that people's needs were being met. The use of health monitoring and assessment tools should be improved. There were inconsistencies within screening tools used to monitor nutritional risk and skin integrity. Discrepancies within care plans and risk assessments meant it was unclear how often individual people should have been repositioned to alleviate pressure on vulnerable areas. Documentation did not show that preventative measures within care plans were being consistently followed prior to the identification of pressure injuries. We found that when wounds were identified, they were incorrectly classified. Improving staff's knowledge of pressure injury prevention and recognition would reduce the risk of wounds developing and improve outcomes for people with wounds. We case tracked people who developed wounds and found that appropriate wound management plans were in place and wounds were improving with treatment. We found that a person with reduced capacity to make decisions about treatment expressed not wanting preventative measures to protect their skin. The views of people's representatives or those authorised to contribute to welfare decisions should be included within support plans to improve outcomes for people. (See requirement one)

## Requirements

1. By 3 November 2025, the provider must ensure that people who are at risk of pressure damage to their skin receive appropriate care to reduce the risk of damage and that care intervention documentation evidences that people are getting the required level of support to meet their assessed needs.

In order to do this the provider must:

(a) ensure people are supported to reposition in accordance with their pressure damage prevention plans and ensure that care intervention documentation evidences that people are receiving the required support to meet their assessed needs.

(b) ensure that classification of pressure wounds is accurate and that staff receive further training to support them in carrying out pressure damage assessments.

(c) ensure that people's continence care needs are being met and that continence care interventions are documented to evidence that they are receiving the required levels of support to promote their health, comfort and wellbeing.

(d) ensure that health screening documentation is completed accurately and regularly audited.

(e) ensure that when people are assessed as having reduced capacity to make informed decisions about their treatment and care interventions that those with the authority to make welfare decisions on their behalf are involved in decision making processes.

(f) ensure that skin care reviews are carried out promptly at first signs of pressure damage to the skin.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 4(1)(a) and regulation 4(1)(b).

This is also 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 based on relevant evidence, guidance and best practice (HSCS 4.11)

## Areas for improvement

1.

To promote people's health, wellbeing and comfort, the provider should ensure that staff are recording pain management checks and following 'as required' guidance for prescribed pain relief consistently.

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).

2. To promote effective communications about people's health and wellbeing needs including opportunities for meaningful engagement and daily activity, the provider should review and make improvements to internal and external communications.

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 because people have the necessary information and resources' (HSCS 4.27).

3. To ensure that people's safety and wellbeing needs are consistently promoted the provider should check that all staff are following the guidance set out in people's individual falls risk assessments.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: Any treatment or intervention that I experience is safe and effective (HSCS 1.24).

## How good is our leadership?

## 3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

We received positive feedback about the management and leadership of the service from the majority of staff, health and social care professionals, people supported and their relatives. We heard that management were approachable, 'went out of their way to help', listened well to any concerns raised and took action to address issues. Comments included: 'I have only met the manager once regarding items that had gone missing from my mother's belongings. The team leaders are approachable and friendly and always listen to us.'

Some relatives said that things had improved after they had raised issues about their loved one's care but others told us that although the management team had taken action to make improvements these had not been consistently sustained. There remained issues with people's laundry being respected and returned to them, lack of regular stimulation, staffing levels, the way certain staff communicate with their loved ones and with availability of staff who could convey information about their loved one's health and support. (See area for improvement one)

The service maintained a complaint log but we could find a record of a known complaint, including detail of the action taken and confirmation of communication with the individual. It is important that people are informed of the outcome of their complaint and what has been done to improve the quality of their care experience (See area for improvement two).

The provider maintained an overview of accidents, incidents and adult protection concerns but we found inaccuracies in an incident report relating to an unwitnessed injury. The recording of the incidents contained inaccuracies as to the date the injury was noted and the communication with relatives. It is important that documentation relating to people's safety, welfare and protection give clear and accurate information. There were two events that had not been notified to the Care Inspectorate and one had not been reported to the local authority as an adult protection concern. (See requirement one)

The service carried out wide ranging quality assurance audits which supported identifying strengths and areas for service improvement. There was comprehensive monitoring of people's health and wellbeing which included identifying people with a high falls risk, high nutritional/fluid risk and those with wounds and skin damage. Some people's care records were completed well but others lacked detail of the care provided to reduce identified risks to them.

The quality of audit records was variable. Some care plan audits were completed well, identifying actions needed with review dates while in others, not all parts had been completed. Actions were noted but not followed up. There was also some missing information for example under the skin integrity section, it said "risks to be added". This meant that there were inconsistencies in the quality of care plan audits which identify any areas in people's plans which need to be actioned. Well completed care plan audits support having up to date information for staff to follow to support people with their health and wellbeing.

Learning from adverse events had not been sustained. We found a clinical waste bin open with waste spilled out and the external gate which leads to a busy road unpadlocked. This was in an area which vulnerable adults could easily access. Although management were responsive in attending to issues raised during inspection we had concerns that these issues had not been picked up on in spite of regular quality audits being carried out. This meant that we were not assured that people's safety and protection needs were being consistently promoted and monitored (See requirement two)

## Requirements

1. By 3 November 2025, to ensure the health, welfare and safety of people using the service the provider must notify the Care Inspectorate of all reportable events as detailed in the Care Inspectorate's 'Adult care services: Guidance on records you must keep and notifications you must make' (March 2025).

In order to do this the provider must:

(a) Ensure that all notifiable events are reported to the Care Inspectorate in the line with the guidance for providers of adult care services as detailed above.

(b) ensure local authority adult protection teams and the Care Inspectorate are informed of all adult protection concerns/adverse incidents and actions taken to safeguard people using the service.

(c) Ensure that incident records contain accurate details including correct dates, and an accurate account of adverse events and communications with relevant parties.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 4(1)(a) and regulation 4(1)(b).

This is also 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 based on relevant evidence, guidance and best practice (HSCS 4.11).

2. By 3 November 2025, to ensure the safety and protection of people using the service the provider must regularly audit the security of the premises and ensure that staff are following best practice infection control guidance when disposing of clinical waste.

In order to do this the provider must:

(a) With immediate effect ensure that the premises are safe and secure to protect people from potential harm.

(b) Ensure that staff are at all times promoting the safety and protection of people using the service by securing areas which pose any risks to people.

(c) Ensure that clinical waste bins are locked and any spillage of clinical waste is disposed of promptly.



This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 4(1)(a) and regulation 4(1)(d).

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

'My environment is secure and safe'(HSCS) 5.17.

## Areas for improvement

1.

To promote sustained improvements to people's care experience the provider should look at how actions identified from service audits are being implemented across the home. More frequent checks following audits should be carried out to confirm that improvements made have been sustained.

This is also 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)

2. To promote people's rights to know how any complaint/concerns they have raised have been actioned and provide them with reassurance, the provider should check that people have been informed of the outcome of their complaint. All formal complaints and outcomes should be recorded in the service's complaint log.

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

If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me. (HSCS 4.21)

## How good is our staff team?

### 3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

The majority of staff consulted expressed that they were well supported by their management team and had access to regular training opportunities. They also expressed that they enjoyed good support from their colleagues, that there was good team working and that they had access to supervision with their line management. Supervision records evidenced that there were detailed discussions with staff to support them in their learning and development and reflect on their practice. The provider addressed any concerns raised about particular members of staff's practice and carried out additional observations and competency checks. This meant that staff were overall well supported in their roles and had opportunities to reflect on their practice.

Staff identified the following areas for improvement:

'To provide more training to the care support team especially the new members.'

'Not enough staff to give a higher standard of care and some staff members have bad communication that should be addressed.'

'More training for new staff that start such as nutrition and dementia training.'

'More staffing to meet residents needs.'

We concluded that while there were some skilled staff who practised in a person centred way, some staff needed further learning and development opportunities. The service should ensure that staff receive further training in supporting people living with dementia, including positive behaviour support and effective dignified communication (See area for improvement one)

The provider regularly assessed staff levels required to meet the needs of people experiencing care using a staffing dependency tool. According to dependency assessments there were sufficient levels of staff to meet people's needs across a 24 hr period. Feedback from relatives in the service's survey and the Care Inspectorate relative questionnaires/discussions was that there did not appear to sufficient levels of staff on duty at all times to meet everyone's needs. Meaningful engagement records were sparse and did not reflect that people were getting sufficient individual time with their staff or enough activities in line with their preferences, expressed interests and assessed needs. Care staff were reliant on activities staff to take people out in their local community. There could be more dedicated time set aside in people's staffing arrangements to ensure everyone experiences meaningful engagement and opportunities to access their local community on a regular basis.

Comments included:

'Staff are friendly and very kind to my mother. I do feel that their time spent with residents is restricted due to the lack of staff.'

'I would like more care home staff. Sometimes the staff that are on duty are overwhelmed by their work.'

'Think it needs more staff.'

'All staff I have encountered do their best and are responsive when I ask about anything specific. There are however issues with some staff but when I've discussed with the relevant seniors then I have been listened to and something is done.'

'That staff are better equipped with the knowledge of individual residents. That focussed training is available for staff. That staffing levels are higher.'

'Staff are very friendly with mum and have a good laugh with her - well, the staff she knows. Some staff are "in their own caring world" - they don't interact and don't seem to be engaged.'

It was clear that overall there were some conscientious staff who were working hard to support people well and did so in a caring and attentive way. However we observed a number of instances where staff were unaware of a person's whereabouts as they were busy attending to other people supported. We noted that a person was entering people's rooms, sitting in their chair and lying on people's bed. We also heard that

people's personal possessions had gone missing. There was a lack of engaging interventions at times to support people in accordance with their care and support plans. There was also a lack of regular meaningful engagement with people who were spending a lot of time in their rooms. The care home had dedicated activities staff and we observed some really positive group activities which people were engaging with and enjoying. However, there were no activities staff employed from Friday after 2pm until the Monday and there were a number of people who spent the majority of their time in their rooms with limited stimulation and dedicated staff time. People's care records had minimal information under the meaningful engagement sections of their plans. Providing people with more opportunities for meaningful engagements reduces isolation and helps to increase people's sense of self worth and provides more purpose in their daily lives.

Staff rotas were planned in advance and there were dedicated staff teams for each unit which meant that people overall had consistency and stability in their staffing arrangements and knew their regular staff well. There was a staff folder at reception which contained staff profiles and some good information about staff, their background and interests. We considered that it would be helpful to have this on each of the units particularly when new staff were starting in post. A relative commented that there were not told when staff had left the organisation and this would be good to know at an earlier stage rather than finding out a few months later. This supports effective communication with people about their staffing arrangements and those they entrust with their care.

The care home has dedicated nursing staff with two nurses to cover both Mathieson House and Garden House. We heard that when on occasion there was only one nurse on duty, it was difficult to provide clinical support to people across both buildings. We observed staff rushing to provide support to everyone who needed attended to in one of the units and received feedback from a member of staff to say that they did not have enough staff/time to provide a high quality of care to people. We noted that staff availability varied across the units. For example on one of the units there were sufficient levels of staff deployed to attend to people whilst on another staff appeared rushed.

The provider had a call bell system and analysed call bell response times on a monthly basis. This supported evidencing whether there were sufficient levels of staff to provide responsive care. We noted a number of very high readings suggesting that some people had waited for a considerable period for their care needs to be attended to. We noted that some people's call bells had not been answered after 5/6 minutes when we were on site and asked for them to be attended to. The provider told us that there was glitch in the system that provided call bell response times data and that this was getting looked into. Although some people who experienced stress and distress required increased support, we could not see that staffing arrangements had been adjusted to meet the changing needs of people supported and concluded that increased staff were needed at key times to provide people with the levels of care and support identified in their personal plans. (See area for improvement two)

## Areas for improvement

1. To improve people living with dementia's care experience, the provider should carry out further observations of staff practice, provide increased mentoring for staff with limited care experience and more in depth dementia and positive behaviour support training. The provider should also provide some staff with more training to ensure that each person supported experiences respectful and dignified communications at all times.

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. and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS) 3.18.

2. In order to evidence that there are sufficient levels of staff to meet people's needs and evidence that people experience responsive care in a timely manner, the provider should review staffing levels and reduce the call bell response times for attending to people's needs.

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  
'I am confident that people respond promptly, including when I ask for help' (HSCS) 3.17.

## How good is our setting?

### 3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

The provider had a redecoration/refurbishment programme in place. Some areas of the home had been decorated and this had enhanced areas of the home. Some areas had also had flooring replaced. Some people enjoyed access to the garden grounds and conservatory area. However we found that some people's personal space needed attention to make it more homely, comfortable, clean and personalised. Although daily cleaning was overall logged well there were gaps over weekends. The deep cleaning records had a number of gaps. We noted that some of the rooms needed to be more thoroughly cleaned. Some people's bedding needed changed as there was staining on their sheets. People's personal effects such as photographs were lying in bundles/propped up against their walls. More care and attention needed to be given to supporting people to have their rooms as they would like them. One person's room was particularly stark with no chair in it. There were also some maintenance issues needing attended to such as holes in walls and wear and tear on dado rails and skirtings. Some people's wardrobes contained items that did not belong to them and more frequent checks were required to quality assure the cleanliness of the setting (see area improvement one)

People's equipment to support them with their personal care needs was regularly checked and serviced to promote their safety and wellbeing. Architectural plans had been drawn up with a view to increasing the communal space in Garden House in recognition that people's living environment was congested. The provider advised that works to increase communal space in each unit were due to start in April 2026. This would enhance people's setting and increase the physical space to meet people's needs, wishes and choices.

There had been improvements made to management of people's laundry so that it could be easily identified through having tags and labels but there remained issues with items not belonging to people being found in their rooms. More frequent checks were needed to ensure that people's personal possessions were respected and returned to them. Relatives told us that there were a number of issues with their loved ones laundry and although improvements had been made these hadn't been sustained. (See area for improvement two)

## Areas for improvement

1. To promote people's wellbeing, dignity and self worth the provider should ensure that people are supported to personalise their rooms and to ensure that people experience a consistently clean environment, including changes of linen/bedding when required. Cleaning records should evidence that people's rooms are cleaned and checked daily and deep cleaning checks should be carried out consistently.

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.

2. To promote people's dignity and respect, the provider should regularly check that only items belonging to people are placed in their rooms and all laundry returned belongs to them. Regular checks should be carried out to monitor that improvements have been made and are sustained.

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.

## How well is our care and support planned?

### 3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

There was some detailed assessment information in plans sampled which provided information about people's life histories and what was important to them. The sensory tool box system was being used to capture people's favourite things and their choices and preferences. The outcomes sections of people's plans were not completed well so it was difficult to evidence that people were being supported with their expressed choices and interests. For example, where it was identified that a person supported enjoyed regular access to fresh air, records did not reflect that they had been supported with this. Similarly, people's favourite films and music had been expressed and recorded in their plans but there were very limited records to support evidencing that people's interests were being consistently planned for. Meaningful engagement records needed to reflect that people were being regularly supported to get the most out of life. (See area for improvement one)

People who experienced periods of stress and distress had a support plan in place for staff to follow, with an emphasis on proactive and preventative strategies. Staff were required to record and analyse instances of stress and distress and assess the effectiveness of the agreed strategies. The quality of the support plans, records and analysis varied greatly between individuals. We were unable to find much evidence that proactive and preventative strategies had been followed and were unable to fully track information between incidents, complaints and instances of stress and distress.

Another plan to support someone who experiences stress and distress had some good detail but needed to be expanded on. For example their communication plan stated that staff were to be aware of 'non verbal

gestures and facial expressions' but there was no further information to describe these gestures to aid staff learning. There was also detail of things that might help to alleviate the person's distress but we did not see any of these being used during the inspection and there was limited recorded evidence in the outcomes/ meaningful engagement section of the person's plan. This meant that people who experienced stress and distress could not rely on a robust, personalised, consistent approach from staff to enhance their wellbeing and quality of life.(See area for improvement two).

## Areas for improvement

1. To support people to lead meaningful lives and prevent isolation, the provider should review the outcome and meaningful engagement sections of people's personal plans evidencing that all people supported have their choices, interests and preferences promoted and planned for. This is to included identifying that staffing arrangements are sufficient to meet people's daily social support needs.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

2. To support people's health and wellbeing and improve their quality of life, the provider should improve the quality of people's stress and distress plans, with an emphasis on individualised proactive and preventative strategies and effective record keeping and analysis.

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 based on relevant evidence, guidance and best practice' (HSCS 4.11).

## 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

1. In order that people's safety is promoted and they experience a consistently clean environment the provider should improve the quality of detail in cleaning records.

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)

**This area for improvement was made on 24 December 2025.**

#### Action taken since then

We found that there had been an improvement in daily cleaning records but there were gaps in records over weekend periods. The deep cleaning schedule evidenced a number of gaps. We had a number of concerns about the levels of cleanliness in some areas of the care home, particularly in people's rooms and in a communal bathroom. Although audits were being carried out the outcomes for some people had not improved. The list of cleaning tasks needed to be more specific to ensure domestic staff were giving the rooms a more thorough daily clean and communal bathing areas cleaned more thoroughly, including bathing equipment. We have continued this area for improvement including it in a new area for improvement under 4.1. of this report.

### 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?	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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate



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