Angusfield Care Home
Care Home Service

Angusfield Nursing Home
226 Queens Road
Aberdeen
AB15 8DN

Telephone: 01224208580

Type of inspection:
Unannounced

Completed on:
2 July 2026

Service provided by:
Angusfield Care Limited

Service provider number:
SP2024000303

Service no:
CS2025000192

About the service

Angusfield Care Home is registered to provide care and support to a maximum of 40 older people. The provider of the service is Angusfield Care Limited.

The care home is situated in the west end of Aberdeen and is close to local amenities and public transport. The care home is divided into two separate areas. There is a purpose-built extension with accommodation for 24 people who have dementia. The main building provides accommodation for 16 older people.

About the inspection

This was an unannounced inspection which took place on 30 June and 01 July 2026. The inspection was carried out by two 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 14 people using the service and four of their relatives or friends. We also received feedback from a further seven people through care surveys
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People living in the home appeared comfortable.

- The atmosphere was relaxed and staff were visible and responsive to people's needs.

- The range of activities and opportunities for people could improve.

- There was an interim management team supporting the home.

- A service improvement plan had been developed that described areas identified for improvement.

- Access to gardens and outside spaces could be improved.

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 leadership?	4 - 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? 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 looked well and were well presented. Attention had been paid to peoples appearance and people had their hair done and their jewellery on where this was important to them. This promoted people's sense of identity and upheld their dignity.

Some people were cared for or chose to spend time in their rooms. We saw that they looked comfortable and those that were able confirmed they were content. People had access to nurse calls and knew how to summon support from staff if required. Staff were visible on each floor so were available for people should they require support.

We saw that people spending time in their rooms had access to drinks. It wasn't however clear how often these were refreshed so further attention should be paid to ensure people have fresh fluids available to them. Staff were knowledgeable about where it was necessary to monitor fluid intake and understood when there may be a to ensure people were well hydrated.

Where people required modifications to their diet, there was good information within care plans. The need for modifications was discussed through flash meetings with catering staff and care staff. Some concern was raised by a professional about the reliability of people receiving their modified meals however we did not observe any difficulty during this inspection. This should be further reviewed by managers to ensure that people consistently receive their meals served modified to meet their assessed needs.

We observed a mealtime service during this inspection. People were supported by a staff team who were attentive and responsive to their needs. Support was provided at an appropriate pace, so people did not feel rushed. It was however disappointing that people were not offered choices. We acknowledge that staff may know peoples preferences and may have offered choices prior to service however some people may not have been able to remember or reliably have made that choice without more support such as show plates or photos. Managers had identified this and planned to introduce more visual aids to help people choose.

Staff were attentive and responsive to peoples needs. We thought staff knew people well. Staff were visible in communal areas providing support and company for people.

Falls were well recorded along with any actions required to minimise risks of reoccurrences for people. Technology such as call mats were used to alert staff when people may need assistance. Whilst this equipment was referred to in care plans, consent was more implied than explicit. The manager should ensure that there are appropriate risk assessments in place that link to the care plans. It should be clear what discussions have taken place around the use of technology and equipment including explicit consent from appropriate people which should be reviewed regularly. This will help to ensure that peoples rights are being upheld.

Peoples skin integrity was maintained as staff were vigilant to any changes. Wound care plans provided clear instructions for treatments and interventions and were reviewed as necessary and as described. Appropriate referrals had been made to relevant professionals such as GP's and Tissue Viability nurses. The manager maintained an overview that was discussed with staff through daily flash meetings. This helped to ensure that people received the right treatment and interventions to help improve any wounds and to maintain healthy skin.

A daily flash meeting demonstrated that managers had good oversight of clinical needs. There were good discussions around peoples health and wellbeing with staff highlighting where even discrete changes may be indicating someone's needs were changing. This helped to ensure that enhanced monitoring was in place where required so that appropriate referrals and support would be obtained promptly.

There was an activity plan displayed which described a range of activities. This did not reflect what was taking place in the home during our visit. The manager had recognised that this is an area that needs to improve to ensure that activities are planned that reflect peoples interests and preferences - e.g. bowling, gardening. It was reassuring to hear that some people were getting out to visit local attractions. Managers had started to explore opportunities within the local community that would help to expand peoples choices for meaningful activities and engagement. Recruitment to the activities team was ongoing and this presented an opportunity to review activity provision within the home including for those who prefer 1:1 activities. See area for improvement 1.

Meaningful connection was promoted and encouraged. Family members told us that they could visit any time and that family events and celebrations were supported within the home. This demonstrated that staff understood the important of relationships to people's wellbeing.

It is important that people can access outdoor spaces and fresh air. This is beneficial to both physical and emotional wellbeing. Whilst we heard that people were supported to spend time outside, there was no free access to safe garden areas. The Provider told us there was a plan to develop a secure area. We have discussed this further under Key Question 4.

Medication administration processes were in place via electronic medication administration records (eMAR). Where people had their medication administered covertly, pathways were in place informing staff how to administer effectively - one pathway did not have a review date or evidence of any review. Pathways should be regularly reviewed to ensure they are still required. The nurse planned to contact the relevant professionals to confirm review timeframe. People's medications sampled had been given correctly. Protocols for medication prescribed 'as required' (PRN protocols) needed more detail to ensure it was clear when people should be administered these medications. This would help to ensure that medication is offered consistently when needed and that its effect can be robustly reviewed.

Areas for improvement

1. In order to ensure that people have opportunities to enjoy hobbies and pursue interests, the manager should review and develop the current activity plans. Plans and opportunities should be planned in consultation with people and reflect their wishes and preferences. This should include individual activities as well as group activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

How good is our leadership? 4 - Good

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

There was an interim management team in place. This was already helping to bring about improvements after just five weeks. The managers worked well together and were working alongside staff and residents providing getting to know people and providing support. This meant that managers had a good oversight of residents needs and how they should be supported. This was recognised and appreciated by staff with one staff member telling us, 'Managers are good at supporting the team'. Leading by example is an effective way to help ensure consistency in the quality of support provided.

People who lived in the home recognised managers and greeted them enthusiastically. Family members and visiting professionals were aware of the change in management.

People's experiences within the home should be regularly considered through formal reviews of their care and support. There had been a delay in some reviews however this had been identified by the management team and a planner was in place to help bring these up to date. This is an opportunity to involve people in evaluating and improving the service.

There were a range of audits and checks available that when used regularly would provide good information to inform improvement plans. It would be positive to see that others are more involved in quality assurance processes as this helps to build knowledge, responsibility and accountability across the team. Sustained improvement comes from a combined team effort where all stakeholders understand what needs to improve and why and how they can contribute to that development and improvement.

Managers had a good oversight of accidents and incidents. Events were recorded by staff and pass through a work flow process through an electronic database called RADAR. This ensured managers had oversight of events within the home. There is a need to highlight however that some past events/incidents had not been managed robustly, and appropriate actions had not been taken. For example, escalation though the Providers processes or appropriate referrals to other agencies. This had been addressed and the current management team were clear about their roles and responsibilities.

Whilst we did highlight areas for improvement through this inspection, most of these areas had already been identified by the Provider and were reflected in an overall service improvement plan. It would be a positive development to share this plan with stakeholders in a format that describes the improvements planned and how they can be involved.

How good is our staff team? 4 - Good

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

Staffing arrangements were informed by regular assessment and evaluation of peoples needs. This information was used to inform staff rotas which reflected consistent staffing across the week. Some people felt that more staff were required and that there was limited time to spend with people out with supporting them with basic care needs. Staff were however visible throughout the inspection visit and throughout the home. A new management team provides an opportunity to review how staff are delegated and organised so that opportunities to spend time with people are optimised out with basic care tasks.

Staff were clearly and vocally anxious about changes within the home. We recognise the positive impact that the interim managers were having, however also need to recognise the challenges this presents for staff in changing ways of working. More robust consultation and involvement with staff and relevant people will help to bring about sustained change and the reasons for this. Managers should consider how staff can be further supported to understand the role they can play in service evaluation and improvement and the benefits for people that live in the home. See area for improvement 1.

Regular supervision will also help to ensure staff have planned opportunities for discussions and reflection with their line manager. The regularity of supervision and support for staff was improving following a period where it had been less predictable or reliable. It was good to hear that staff support would include observational support and feedback. This will help to build a more rounded and inclusive programme for staff.

Staff did describe good team work and support of each other. Some staff were enthusiastic about changes whilst others were less so.

We observed some good interactions between staff and people who lived in the home. Family members also spoke positively about staff and told us they always felt welcome and involved.

Areas for improvement

1. In order to bring about sustained improvements in the home, the manager should develop regular opportunities for staff to participate in service evaluation. This should include educational opportunities that build knowledge as well as practical experiences that build skills to contribute to overall improvement plans.

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) and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

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 generally clean and tidy and free from any offensive odours during our visit. Domestic staff were visible and working hard to maintain a good standard of cleanliness. We highlighted some minor areas for improvement and prompt action was taken to ensure these were addressed.

Some of the woodwork and paintwork was badly damaged and therefore could not be effectively cleaned. This had been recognised by the provider and there was an ongoing programme of redecoration that would address this.

A condition of registration is in place that the environmental improvement plan be displayed beside the certificate of registration. We were provided with the up to date version during the inspection and this was placed on display. This should be updated as work progresses.

People should be confident that their home would be well maintained and safe. Maintenance records were in place and up to date which confirmed there was regular servicing and maintenance of fixtures and fittings as well as any care equipment such as hoists and stand aids. There was a process for reporting faults and repairs in place, and most repairs were completed timeously.

The environment would benefit from more appropriate signage that would help people with cognitive issues to orientate themselves and move around the home. We would recommend that the manager uses an appropriate assessment tool to help inform improvements within the environment and the signage for people. (See area for improvement 1)

People had access (supervised) to outside space and gardens. These however were not secure so free access was not available. The secure area was not accessible as further work was required to ensure this area is safe and inviting. There were other areas that the manager thought could be developed further and the provider was open to considering this.

Staff highlighted the temperature in the laundry as an issue. At times during the inspection the laundry door was propped open which indicates an uncomfortable working temperature. We recommend further information is gathered in relation to safe working temperatures and appropriate action taken if required. (See area for improvement 2)

Areas for improvement

1. In order to ensure that the environment is designed to support high quality support, the manager should employ a suitable environmental assessment tool that helps them to identify where improvements can be made. This should include appropriate signage within the home and access to safe and secure outside spaces and gardens.

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).

2. In order to ensure a safe working environment, the manager should monitor the temperature in the laundry and take appropriate action if necessary to ensure adequate ventilation is provided.

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 5.24).

How well is our care and support planned? 4 - Good

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

Care plans contained good detail on how to care for and support people. A range of assessment screening tools had contributed to care plans. These had been reviewed regularly, to help highlight any obvious risks to people's health and wellbeing. For example, skin assessments, malnutrition risks, and falls assessments. Appropriate referrals had been made to other professionals where required. This helped to ensure that people received the right support to maintain good health and wellbeing.

From files sampled palliative care assessments had been completed and contributed to anticipatory care plans.

There was also some good information about peoples past experiences and lives. It was particularly good to see where peoples strengths were described. It would be good to see further exploration of reablement or maintenance of independent living skills. Daily records were task focussed and did not always reflect peoples experience of their day. This is an area that should be further developed.

People and their relevant representatives should have access to their care plan should they wish to. There was a plan to move care plans from being paper based to electronic, the Provider should ensure that people can access their information should they wish to.

There was some work required to organise information as some plans contained old information or duplicated information. Further robust audits would help to identify inconsistencies and ensure information was accurate and up to date. See 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

We saw that some files contained observations of behaviours. There was not a clear justification for this as part of an ongoing assessment or plan of care. This practice should be clearly defined in terms of purpose, content and how the information will be analysed, recording a conclusion along with treatment or intervention (if any) agreed. This helps to ensure that peoples rights are being upheld and that there is a clear purpose for this recording that benefits the individual.

As previously reported, there had been a delay in ensuring care and support plans were reviewed at least every six months as is required. This was being addressed at the time of our inspection.

It wasn't always clear within care plans where people were supported by a legal representative such as a power of attorney or guardian. This could impact on peoples rights and may mean. Care plans should provide clear information about any legal representative appointed and the powers delegated. This would help to ensure that the relevant people are consulted and involved in planning and reviewing people's care and support.

As reported previously where technology is used to help keep people safe - such as sensor mats, this should be clearly described within care plans. This should include the assessment of and decision to introduce technology, discussions with and consent of relevant people and when the decision will be reviewed. This helps to ensure that people are not subject to un-necessary technology that could be viewed as restrictive.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's health, well-being, and autonomy, future care planning should incorporate end-of-life support and be developed in collaboration with individuals, their families, and relevant professionals. Plans should clearly record each person's preferences and their preferred place of care, ensuring decisions reflect their values and wishes.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 23 September 2025.

Action taken since then

There had been some progress to ensure that future care planning incorporated end of life support. Discussions had taken place through formal reviews and anticipatory care plans had been developed. The care and support files we sampled included these documents that described people's wishes.

This area for improvement has been met.

Previous area for improvement 2

To ensure positive outcomes for people who use this service. The provider should implement robust systems to effectively demonstrate how all residents' individual care and support needs and personal preferences are being met. This should include clear record-keeping, evidence of ongoing monitoring, and a demonstration of how this is regularly evaluated.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 23 September 2025.

Action taken since then

Care plans we sampled were detailed and person-centred. Supporting daily documentation was mostly task focused and could be developed to be more informative about how the person has been involved with their daily care.

There were monthly review documents which helped to evaluate the care and support provided.

We saw that advice from other professionals was recorded within care plans.

Care plan audits had also been completed. From our sample for this inspection, we highlighted further room for improvement and we provided examples of inconsistencies to the management team.

See key question 5 for further detail.

This AFI will be carried forward to allow the management team more time to robustly audit care and support plans and associated documents to help ensure they are accurate and up to date.

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) for details of complaints about the service which have been upheld.

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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - 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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