

Antiquary House Care Home Service

Westway
Arbroath
DD11 2BW

Telephone: 01241 434 969

Type of inspection:
Unannounced

Completed on:
23 June 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010271999

About the service

Antiquary House is a care home for adults situated in a residential area on the outskirts of Arbroath. It is close to local transport links, shops, and community services. The service provides nursing and residential care for up to 58 people.

The service provides accommodation in four units over two floors. Each have single bedrooms with an en suite shower room and toilet. There are separate sitting and dining areas in each unit. The service has an accessible garden and small balconies on upper floors to provide outdoor space for people to enjoy.

About the inspection

This was an unannounced inspection which took place on 19 and 20 June 2025. 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 15 people using the service
- spoke with five of their family and friends
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Leaders were highly knowledgeable about all aspects of the service.
- Staff were very good at developing meaningful relationships with people.
- People were well connected with family and friends and were becoming more involved with their local community.
- The staff team were very good at promoting meaningful connections for people.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found major strengths in the care provided and how this supported positive outcomes for people experiencing care. Therefore, we have evaluated this key question as very good.

A holistic assessment of people's physical health, mental health, and social needs was detailed in people's personal plans and we saw that the care and support delivered was consistent with this information. This meant that people received care and support that met their individual needs.

People's health needs were closely monitored. This included skin condition, weight, mobility, and dietary needs. As a result, changes were quickly identified and responded to.

The service worked closely with external health professionals, following advice and guidance provided as an outcome from professional assessment.

Staff knew people well. They were able to identify changes in their presentation which might indicate a decline in physical or mental health. Staff had good knowledge of strategies that were in place to positively support people when they experienced stress and distress, reducing the risk of emotional harm for people.

Staff in the service understood their responsibilities for protecting people. They knew how to recognise, report, and record concerns of potential harm. People told us that they felt safe.

The service had completed lots of work around people's mobility and the assessment and management of falls. Staff had completed extra training relevant to their roles and we saw detailed risk assessment and management documentation in people's plans. Where people had experienced a fall, investigations had taken place with relevant actions taken to minimise the risk of recurrence.

Overall, we received positive feedback about the meals. While there was a set menu, the provider was able to make alterations to meet people's preferences and needs. The service tried to source supplies locally where they could. This resulted in better quality and fresher ingredients being used.

Fresh fluids were readily available in communal areas and in people's rooms. We heard staff prompt people to remind them to drink and saw that people who needed extra support received this. Staff were vigilant to the heat in the home and made sure people maintained good levels of hydration.

We heard good engagement and discussion with relatives around menu planning and choice for people. This provided reassurances to families who were anxious about changes in people's eating habits with the progression of their loved ones' conditions. Some people were not aware that they could request alternatives at meal times. We discussed with the provider ways in which they could support people with this.

Overall, medications were managed well with the support of an electronic recording system. We saw that 'as required' for stress and distress medication protocols were in place. However, information about strategies that staff should apply to alleviate symptoms before administering medication was not available. We discussed this with the provider who took immediate action to review this.

People were supported to enjoy a range of activities and staff tried to ensure that people could spend time outside wherever possible. One person told us that they'd had a trip to McDonalds and they were looking forward to spending some time at the seafront and harbour. This was something they had always enjoyed as a child.

People were accessing the wider community and told us of recent trips to the local cinema and theatre. Some people told us they enjoyed regular shopping trips and we saw evidence of other day trips taking place. There had been a significant improvement in community engagement since our last inspection. People had been enabled to obtain and use their bus passes and were supported by staff to enjoy bus journeys. Other people were volunteering in local charity shops and some were accessing the local Men's Shed. This contributed positively to people's overall feelings of wellbeing.

There were no restrictions to visitors to the home and people's families told us that they always felt welcome. Staff generally knew them by name and included them in activities. Relative meetings were taking place. These were organised at different times and an option to attend virtually was made available. This meant that the meetings were accessible for more people. When we spoke with people's families, they told us of the value of the meetings not only as a means of keeping up-to-date but also as a means of emotional support for themselves.

How good is our leadership?

5 - Very Good

We evaluated this key question as very good. Performance demonstrated major strengths in supporting outcomes for people. There are very few areas for improvement with opportunities being taken to strive for excellence within a culture of continuous improvement.

The service was well led, benefitting from experienced leaders who were improvement-focussed. All stakeholders were facilitated and encouraged to provide feedback that would benefit service development.

Leaders were visible and easily accessible. People told us that they felt able to raise any issues or concerns and that they would be dealt with appropriately. One person told us, "The manager is a good communicator and leader". Another said, "The manager is very approachable, they resolve things quickly". This contributed positively to people having confidence that the service was managed well and that their loved ones were safe and well cared for.

There were comprehensive and robust quality assurance processes and tools being used to evaluate service performance. This ensured that leaders had very good oversight of what was happening, not only across key areas of the service but also for individual residents.

The service supported the use of practice observations to ensure that staff were competent and performed in line with best practice guidance. People were asked about their experiences of care and support and information from this fed into overall service improvement plans.

There was a system in place for making complaints and people told us that they had been made aware of the procedure. Where investigations and reviews had been completed, the service completed and acted upon lessons learned to minimise the risk of recurrence.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of staffing arrangements and how well staff worked together in supporting positive outcomes for people. Therefore, we have evaluated this key question as very good.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of Scottish Social Services Council (SSSC) guidance 2023, 'Safer Recruitment Through Better Recruitment'. New staff had been interviewed with employment references, protection of vulnerable group (PVG) checks, and right to work checks. Registration of professional bodies checks were being undertaken centrally to ensure compliance. This meant people could feel reassured that the provider was taking measures to keep people safe.

Overall, staffing arrangements were sufficient to meet people's needs. The provider completed regular assessments of people's needs with the use of a formal dependency assessment tool but also using information from people's assessments and personal plans. This meant that people could continue to be supported with preferred routines and meaningful activity.

We did speak to the provider at the time of inspection regarding the availability of staff in one of the units. One resident told us that they sometimes waited a long time for staff to come and support them and during one of our observations we noted that some people sat for a long time in the lounge without staff engagement. However, this was not consistent as during observations on a different day, we saw very high levels of engagement. The provider will reassess the situation and we will follow this up at our next visit.

Staff worked hard and demonstrated the principles of the Health and Social Care Standards (HSCS). They were clear about their roles and had a good working knowledge of people's care and support needs. Overall, staff worked well together as a team. One person said, "It's all about teamwork, otherwise it doesn't work". Another told us, "I really like the team, we work well together. Morale is high".

Staff engaged in high levels of training and professional development. They received regular professional supervision and observations of practice. Staff provided positive feedback about leaders in the service. They reported that they felt supported and that their wellbeing was considered. Together, this resulted in a team that was invested in the service and motivated to achieve positive outcomes for people experiencing care.

How good is our setting?

5 - Very Good

We have made an evaluation of very good for this key question, there were very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes.

Overall, the home was decorated to a high standard with no intrusive smells or noises and there was a relaxed atmosphere. Communal areas were bright, clean, and free from clutter, resulting in a pleasant and safe environment for people living and working in the service.

Lighting and signage in the home was supportive of those who may experience a decline in vision and cognition. This meant that people could wander safely and independently within the units with visual prompts to remind them of where they were.

People benefitted from a variety of different areas in which to spend their time. Bedrooms were personalised, containing items and photographs that were important to them. Where possible, the provider supported people to arrange their rooms in a comfortable, homely way. Staff were respectful of people's belongings, ensuring that they were kept safe.

At the time of the inspection the home was very hot and some residents and staff told us that they were struggling with the temperature. We raised this with the provider who acted quickly to purchase extra fans and coolers to ensure that people would remain comfortable during periods of extreme heat.

Appropriate environmental health and safety standards were being maintained by robust systems and procedures to ensure regular maintenance checks were completed. This included the inspection and maintenance of care equipment, such as hoists and wheelchairs.

Since our last inspection we saw that significant work had taken place to ensure that people were able to access outside spaces. A large fenced area was now available for people to freely access the garden from the ground floor and work was ongoing to ensure that the space offered both areas for people to relax and more functional spaces for growing vegetables and enjoying outdoor activities. People on the upper floor were able to access small balconies with seated areas. However, it is important that people on the upper floor are regularly supported to access the enclosed garden area too.

How well is our care and support planned?

5 - Very Good

We have evaluated this key question as very good, with performance demonstrating major strengths in supporting positive outcomes for people.

The provider used an electronic system for development and management of personal plans. The system allows for an overview of care delivered in real time. However, some staff were not completing documentation at the point of delivery, which could lead to information being entered incorrectly.

It is important that care plans are easily accessible to people and/or their representatives. People told us that they did not have access and had not been advised that this was a possibility.

People's families and representatives had been very involved in the development and review of their care. This contributed positively to detailed plans which gave a good account of people's personal history and their current needs.

Plans were written in a person-centred way, reflecting the rights, preferences, and choices of those experiencing care. Risk assessment and management was documented in a way that enabled people. This resulted in people maintaining as much independence as possible.

We saw that plans were being reviewed and updated regularly to account for people's changing needs and quality assurance systems ensured that care was delivered in line with information provided and that plans remained accurate.

Documentation evidenced multi-agency involvement appropriate to the needs of the individual and referrals to external health professionals were made appropriately as people's needs changed. For example, where people were experiencing a decline because of dementia, the provider engaged with the local dementia liaison team and any recommendations made were added to people's care routines.

Where people lacked capacity to make decisions, plans contained essential information about their representatives and the powers that they held. When we spoke with people's representatives, they told us that the service was respectful of their roles and were very good at updating them about changes in their loved ones' needs and engaging with them around decision making.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 1 November 2024 the provider must make proper provision for the health, welfare, and safety of people using the service. In particular, the provider must:

- a) Ensure the risk of an individual falling is accurately assessed and reviewed in accordance with changes in condition and history of falls.
- b) Ensure that where there is a risk of an individual falling an appropriate care plan is developed and reviewed in accordance with changes in condition and fall history.
- c) Ensure that fall prevention measures are reviewed when an individual's condition changes and following a fall.
- d) Ensure the consideration of alternative or additional fall prevention measures or equipment following changes in the individual's condition or following a fall.
- e) Ensure that accidents/falls are subject to full investigation and appropriate post fall observations take place.

To be completed by: 01 November 2024

This is in order to comply with:

Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 9 September 2024.

Action taken on previous requirement

Significant work had taken place to improve outcomes for people who were at risk of falling.

All staff had received training appropriate to their role for the assessment and management of falls. All falls care plans had been subject to review and were updated.

Leaders checked all accident and incident reports for accuracy and to ensure that these were fully completed and in line with best practice.

All falls were fully investigated and information shared with appropriate parties, with documentation, including risk assessments, being updated subsequent to each fall. The provider put in place appropriate measures in order to reduce the likelihood of falls occurring and sought advice and guidance from external professionals on a case-by-case basis.

Met - within timescales

Requirement 2

By 1 November 2024 the provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

- a) Ensure clear guidance is available to staff regarding the desired target fluid intake in 24 hours for individual service users.
- b) Ensure a baseline of fluid intake is assessed on the individual's admission to the service.
- c) Ensure the risk of dehydration is detailed in individual care plans.
- d) Ensure adequate monitoring of individual's fluid intake and responsive action is taken to reduce this risk of dehydration.
- e) Ensure accurate and consistent monitoring of fluid intake and output where an individual has an indwelling urinary catheter.
- f) Ensure a care plan is in place to direct the care and support for an indwelling catheter and how to reduce the risk of infection.
- g) Ensure accurate assessment and review of the risk of an individual developing a pressure sore.
- h) Ensure accurate and reliable information is detailed in the care plan to direct pressure care and promote good skin integrity.
- i) Ensure consistent monitoring of individual's skin and re-positioning to avoid a pressure sore developing.

To be completed by: 01 November 2024

This is in order to comply with:

Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 9 September 2024.

Action taken on previous requirement

Significant work had been completed to improve systems and processes for managing and monitoring fluids, catheter care, and skin integrity of people experiencing care.

All staff had completed further training relevant to their role.

People's personal plans had been subject to review and updated accordingly.

A baseline fluid target was set for people who were newly admitted, following best practice guidelines for calculating this. When people had returned to the home following an admission to hospital, care plans were reviewed and updated to establish any changes in assessed needs. This ensured that care and support would meet with any new requirements.

Wound management arrangements were discussed in daily meetings, with information about clinical risk being shared with relevant staff.

Information in personal plans was cross-referenced throughout other relevant plans, providing staff with guidance on how to manage and reduce risk for people in key areas.

Met - within timescales

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**

The provider should ensure that complaints raised by people experiencing care, or their representatives, are fully investigated and responded to, in line with their complaints procedure.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions' (HSCS 4.4).

This area for improvement was made on 2 August 2024.

Action taken since then

There were robust complaints policies and procedures in place and staff were aware of the process to take if complaints were made directly to them in the absence of a manager.

All complaints and concerns had been recorded and responded to in line with procedures and there was clear evidence of investigations having taken place with outcomes detailed and documented effectively. Complainants were made aware of outcomes of complaints in writing.

When we spoke with people they told us that they were aware of procedures to make complaints and told us that they had confidence that leaders in the service would be responsive in finding resolutions to concerns at an early stage.

This area for improvement has been met.

Previous area for improvement 2

In order to ensure accurate, reliable, and meaningful information is sought and gathered regarding an individual service user's needs, wishes, and choices, the service should fully consult with and involve individuals' representatives and loved ones in the assessment and care planning process. The service should also ensure individuals' representatives' preferences in relation to communication and under what circumstances they wish to be contacted are fully detailed in the personal support plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

This area for improvement was made on 9 September 2024.

Action taken since then

The service was very good at communicating and engaging with people and their representatives throughout assessment and care planning processes.

Information was detailed in people's plans about people's representatives and the level of contact and circumstances they would wish to be contacted. When we spoke with people, they told us that they felt listened to and that information sharing was at a level they were happy with.

This area for improvement has been met.

Previous area for improvement 3

To promote people's mental and physical wellbeing, the provider should ensure that people are able to 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 25 April 2023.

Action taken since then

A secure external space was now available for people to access. During the inspection we saw a number of people and their visitors enjoy time in the garden.

The provider is continuing to develop and improve this space through engagement and collaboration of residents, their relatives, and representatives.

People on upper floors had access to and were seen to be using small balcony areas. As a result people were much more frequently enjoying time outdoors.

This area for improvement has been met.

Previous area for improvement 4

To ensure that people consistently receive high quality care and support that is right for them, the provider should carry out regular audits of care plans and recordings to make sure information is consistent and recordings are detailed and evaluative.

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).

This area for improvement was made on 25 April 2023.

Action taken since then

Significant work had taken place to improve care planning practice in the service.

Plans contained greater detail about people and the way in which they wanted to be cared and supported. There was evidence that care plans were being updated regularly and that leaders were completing audits to assess the quality of information and any areas for action were managed timeously. As a result, people would continue to receive levels of care and support to meet their assessed needs.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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