

## Speyside (Care Home) Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
16 June 2025

**Service provided by:**  
Parklands Limited

**Service provider number:**  
SP2003001893

**Service no:**  
CS2003008823

## About the service

Speyside Care Home is owned and managed by the Parklands Group and situated in the village of Aberlour, Moray. The care home service is registered to provide care for a maximum of 42 older people.

The purpose-built home is located in a residential area of the village. The grounds and gardens are landscaped. The home is close to the village centre.

The single storey building provides spacious accommodation. There are several communal areas, including a large open-plan lounge and dining area, a quiet conservatory and a smaller sitting room. Bedrooms have en suite toilet facilities, with some having showering facilities. There are additional wet rooms and bathrooms located throughout the home.

## About the inspection

This was an unannounced inspection which took place on 9 and 10 June 2025. The inspection was carried out by an inspector and a team manager 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 to or made contact with 20 people using the service and 10 of their family
- spoke to or made contact with 22 staff and management
- observed practice and daily life
- reviewed documents
- spoke to or made contact with three visiting professionals.

## Key messages

- People spoke highly of the support they received from staff.
- A lively activities programme encouraged people to be as active and engaged as they wanted.
- Staff knew people well and provided warm and compassionate care.
- Staff worked well together to improve outcomes for people.
- Staff spoke highly of the support they received from management.
- There was a culture of continuous improvement focused on making people's lives and experiences better.
- The home environment was warm, clean and easy to navigate.
- Monitoring of people's stress and distress 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?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	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 significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People spoke highly of the support they received from the staff. We could see the respectful relationships staff had with people and each other. One person told us, 'I couldn't wish for better care'. People were supported to maintain pride in their appearance and looked well. When people needed support with personal hygiene and appearance they were quickly supported by staff and senior team. As a result, people felt good about themselves and had increased confidence.

A lively activities programme encouraged people to be as active and engaged as they wanted to be. There was good engagement with the local community and intergenerational work with local schools. The home had a choir of people experiencing care and staff who practiced and sang together within the home, local community and other homes. This enriched the lives of people and staff while forming meaningful relationships with other people who found joy in singing.

Staff encouraged people to stay active, which helped prevent falls. Walking aids were always within reach, and the environment was easy to navigate. We saw people moving freely and safely around the home. People were supported to gain strength and maintain their independence. Falls within the home were analysed on a monthly basis to identify any common causes or patterns and actions were planned to address these, if needed. These efforts contributed to maintaining very low fall rates within the home.

Most people were very positive about the quality and choice of meals. We were told, 'The food is very good'. The dining area was inviting and welcoming. Mealtimes were relaxed and people ate at their own pace. People could choose where to eat and if people did not like what was available, staff got them something else. This enabled people to have meals they enjoyed and liked. We also saw some very kind and caring interactions by staff to encourage and support people with eating and drinking. As a consequence, people's nutritional needs were well met. People's nutritional intake and weight was monitored as needed and appropriate actions were taken to address any concerns. This meant people's health and wellbeing benefitted from their care and support.

Staff had good knowledge and understanding of the medication system and people's needs. There were very good systems in place for recording and administering medication and staff followed these well. Staff competencies were monitored, to ensure that good practice guidance and procedures were embedded into practice. This ensured people got the right medication at the right time, which in turn promoted their health and wellbeing.

The documentation to support wound management and pressure prevention was well maintained. The staff worked very closely with external healthcare providers to ensure people were receiving the care and support that was right for them. People's wounds were healing and the risk of people's skin breaking down was reduced.

Care plans were personalised to people living within the home. They were written respectfully and evidenced that staff knew people and understood what they needed very well. There was very good collaborative working with external professionals to ensure good care for people with needs which were complex, including as their needs changed. Risk assessments were attached to individual care plans in

order that care was delivered in a way that kept people and staff safe. This meant that people were supported and cared for sensitively by staff who anticipated issues and planned for any known vulnerability and frailty.

Staff had a good understanding of how to support people who may be anxious or distressed. Stress and distress strategies were in place and available to staff. However, assessments or incident records were not being completed consistently or in enough detail. This made it difficult to assess if people's stress and distress was increasing over time and if the strategies in place were effective in supporting the person when they became distressed. **(See area for improvement 1.)**

There was a culture of working together to make people's lives and experiences better. Detailed service improvement plans were in place, based on people's experiences and quality assurance audits. The management team were quick to address any concerns identified to them and had good oversight of the service, which helped promote good quality care.

### Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that stress and distress are effectively managed. To do this the provider should at a minimum:

- a) ensure all incidences of stress and distress are followed by efforts to identify potential triggers and patterns of behaviour
- b) ensure all changes in people's needs and any actions taken to address concerns are fully recorded
- c) ensure that strategies in place are meaningfully evaluated to determine their effectiveness in reducing stress and distress
- d) monitor the frequency and severity of people's stress and distress over time
- e) seek timely advice from external professionals when existing strategies are not effectively reducing people's stress and distress.

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).

### How good is our staff team?

### 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff knew people well. Staff were visible around the home and were responsive to residents. The service had a good understanding of people's needs and made sure as far as they could that the right numbers of staff with the required skills were available. People told us that communication with the service was good and they found staff and management to be approachable and responsive. We also received very positive feedback about the quality, familiarity and friendliness of the staff. One person told us, 'From the manager and their team, I could not wish for better' while another said, 'Staff work very hard to make sure all needs

are met'. This meant the service had the right number of staff to meet people's needs and the staff were led well.

Staff spoke highly of the support given to them by the management team and this had contributed to improved morale and a positive culture in the home. A long-serving staff member told us, 'This is the best management team we have ever had' while another said, 'If there are any queries or anything I feel could be improved, management listen and put this in place'. This showed that the service valued knowledge and opinions of their staff and further promoted a culture of continuous improvement that enhanced positive outcomes for everyone.

Staff communicated very well and had formed good working relationships with each other. Staff told us, "Everyone gets on and works together" and "Everyone helps you. Shift leaders help us once they finish medication. Domestic and care teams both help each other". This meant staff worked well together to support positive outcomes for people. Furthermore, regular daily meetings took place where people's care and support were discussed. Any staff concerns and changes in people's health were discussed, appropriate actions planned and responsibilities delegated. This further supported positive communication amongst the staff team, improving the overall quality of support in the home. This also meant that people got timely additional support when needed to prevent deterioration in their health and wellbeing.

New staff were generally recruited well with comprehensive pre-employment checks undertaken. However, we found some interview paperwork that could have been completed in greater detail to evidence prospective staff member's suitability for the role. We shared this with management who assured us that this would be addressed in future interviews.

New staff received a comprehensive induction with regular support from their mentor. There were regular reviews up to 12 weeks in the role, and induction could be extended if the new staff member or their manager felt more time was required. Staff had the opportunity to reflect on what they had learnt or felt they needed more support with. This meant new staff felt confident and supported in their new role.

Training records were clear and regularly updated. Training completion and attendance levels were quite high and staff told us they had received ample training to carry out their role well. Regular observations of staff practice competencies, including personal care and infection prevention and control procedures (IPC), were completed. People could be assured that they were being supported by a trained, skilled and competent staff team.

## How good is our setting?

## 5 - Very Good

We found significant strengths in the setting that supported positive outcomes for people, therefore we evaluated this key question as very good.

The home was warm, welcoming, smelt fresh and there were nice smells of food being cooked coming out of the kitchen area. The home was well-maintained and decorated to a good standard.

There was a very good information area at the entrance, with useful resources such as the service development plan. People and their visitors were encouraged to read and contribute to these. This meant people's views were valued by the service. There was a range of seating options on both sides of the entrance, which made it easier for people and visitors to rest and chat on their way in or out of the home.

The home was very clean, tidy and clutter free with cleaning protocols in place. There were sufficient

domestic staff on duty to ensure that the standards of hygiene were maintained. Infection prevention and control (IPC) stations were available for staff throughout the home and used appropriately. People could be confident that they were being cared for in a clean and healthy environment.

People were supported and encouraged to move freely around the home. The corridors were wide, lighting and contrast were very good and signage was clear and easy to read. There were photographs and paintings up on the corridor walls that were relevant to the name of the zone. This made it much easier for people to find their way about the home.

There was a large, open plan lounge and dining area along with a cosier conservatory and sitting room that were all used well and enjoyed by people and families. There was a fireplace, nice mirrors and ornaments in the dining area that added a nice, homely feeling to the dining space. Furniture was positioned to encourage socialising and there were plenty of places for people to sit and rest. The main lounge area looked onto an enclosed garden frequented by birds and squirrels and people's chairs were often positioned to look out at the garden, which helped them enjoy the natural beauty around them.

People's bedrooms were homely, with their own personal belongings around them. The rooms were also clean and decorated well. This promoted each person's experience, dignity and respect.

Maintenance records were in good order, with a clear process for highlighting any required work. The handyperson attended to any maintenance tasks promptly and effectively. As a result, the general environment was safe, secure, and encouraged movement. The management team reviewed the environment through environment audits and walkabouts and planned any improvements needed, to ensure the home continued to enhance and promote a good quality of life for the people who live there.

People could access a secure garden area from two areas within the home. A newer ramped pathway offered an easier and wider access to the enclosed garden at front. The signage to this garden path could be improved and a raised threshold with a sunken rug in this area might also pose a trip hazard. We discussed this with management, who were exploring ways to make this access clearer and safer.

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

### Areas for improvement

#### Previous area for improvement 1

Improvements should be made to the decor and comfort of some bedrooms. In particular the addition of items that would create a homely environment. In particular to bedrooms used for people who come to live in the home for short periods of time.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21).

**This area for improvement was made on 16 November 2022.**

#### Action taken since then

People's bedrooms were decorated well, looked comfortable and were personalised. There were no specific rooms allocated for short-term stays. The personalisation and homeliness of people's rooms were reviewed as a part of the environmental audits. People and their families were also informed about the health and wellbeing benefits of personalising their room and were encouraged to do so.

**Therefore, this area for improvement had been met.**

### Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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 staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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

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