

# Oakeshott House Care Home Service

Oakeshott house stirling  
springkerse business park  
STIRLING  
FK7 7XE

**Type of inspection:**  
Unannounced

**Completed on:**  
7 July 2025

**Service provided by:**  
Stirling Care Home Limited

**Service provider number:**  
SP2021000158

**Service no:**  
CS2021000261

## About the service

Oakeshott House Care Home is a purpose-built, 84 bed care home, situated in Stirling, close to the city centre. Arranged over three floors, Oakeshott House Care Home offers individual and spacious bedrooms. The bedrooms have en-suite toilet and shower facilities and are arranged in eight small, homely clusters around a lounge/dining room, quiet room and assisted bathroom.

The home has a wide variety of social areas including a café & bar area, vintage tea room, cinema room and hair salon. The provider is Stirling Care Home Ltd and Oakeshott House has been registered with the Care Inspectorate since September 2021.

## About the inspection

This was an unannounced inspection which took place on 7 July 2025 from 7 am until 15:30pm. The inspection was carried out by two inspectors from the Care Inspectorate, to follow up on requirements and areas for improvement made at a previous inspection in May 2025.

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.

## Key messages

Considerable work had been completed to analyse accidents and incidents and consider lessons learned to reduce the risk to people and the provider had met the requirement relating to this.

Although some improvement had been made, the provider had not met the requirement around safer recruitment principles and the timescale for this requirement was extended.

People could not be confident that staffing arrangements were meeting their needs and the requirement to review staffing levels was extended.

The service had plans to change the environment to better support people with their individual needs but had still to make changes to improve outcomes for people.

The service needed to improve training available to staff to support people who may be living with a cognitive impairment.

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

### Requirements

#### Requirement 1

By 27 June 2025 the provider must ensure they keep people safe and healthy by ensuring that all accidents and incidents are properly managed. To do this, the provider must, at a minimum:

- a) Ensure that staff and management recognise potential harm and understand their duty to report this under the Adult Support and Protection Act (Scotland) 2007.
- b) Ensure that they adhere to the Care Inspectorate notification guidance for reportable events.
- c) Implement a system to regularly monitor, review and learn from all accidents, incidents and adult protection concerns.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This ensures care and support is consistent with the Health and Social Care Standards, which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities". (HSCS 3.20)

**This requirement was made on 28 May 2025.**

#### Action taken on previous requirement

We reviewed this requirement at our follow up inspection. Although the service had not initially responded to post inspection notifications, we could see an improvement in notifications when people experienced an accident or when adult protection concerns were raised. The service had introduced further training for staff around the Adult Support and protection (Scotland) Act. The service had also introduced a robust process to review, analyse and take learning from all accidents and incidents and had good oversight of these. We could see how this work could improve outcomes for people.

**Met - within timescales**

#### Requirement 2

By 27 June 2025, the provider must ensure that people are supported by a staff group that are appropriately and safely recruited. To achieve this the provider must make sure that all recruitment follows the principles of safer recruitment. This must include, but is not limited to, obtaining appropriate and robust references. Where this is not achievable, the service should apply best practice guidance and adhere to Scottish Social Services codes of practice.

This is to comply with Regulation 9 (2)(b) & (c) (Fitness of staff) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: '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).

**This requirement was made on 28 May 2025.**

#### Action taken on previous requirement

We reviewed this requirement at our follow up inspection. We could see that the most recent recruitment activity ensured that appropriate references were in place for staff and recruiters had checked gaps in employment. However the service did not always follow the principles of safer recruitment in relation to accurately recording interviews notes or the evaluation of competency questions.

This requirement was therefore not met as further improvement was needed to follow best practice recruitment guidance with specific actions needed around interviews.  
This requirement was extended until 1 September 2025.

**Not met**

### Requirement 3

By 27 June 2025 the provider must ensure that the service is appropriately staffed, at all times. To do this the provider must, at a minimum, ensure that there is sufficient staff and skill mix to care for service users in a dignified, respectful manner that promotes a positive quality of life and provides safe care and support.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 15(a)(Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 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).

**This requirement was made on 28 May 2025.**

#### Action taken on previous requirement

We reviewed this requirement at our follow up inspection. We heard from a number of staff who were concerned that the initial improvement in staffing levels had not been sustained since the last inspection.

We saw rotas where staff often supported colleagues by working on their designated rest days however there were times where the service had less staff than was needed, including a few occasions staffing levels were reduced by 25%. We could not see any action taken by the service to arrange further staffing at these times. This meant people were at risk of their care and support needs not being met.

The service had put documentation in place to determine how the staff should work at these times, however these documents were not well completed when staffing levels were low and there was no obvious direction for staff evidenced.

This requirement was not met and we agreed to extend the timescale to allow the service more time to evidence their plan of improvement in relation to staffing levels.  
This requirement was extended until 1 September 2025.

**Not met**

## 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 further promote a culture of respect, the service should ensure staff have appropriate training to understand how best to communicate and support people who are living with a cognitive impairment, particularly to avoid or manage any episodes of stress and distress. Knowledge should then be used to design and implement care plans for mental wellbeing. Triggers for stress and distress should be documented along with any tried and tested distraction techniques that can guide staff on how best to support the person during these times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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.' (HSCS 1.15).

**This area for improvement was made on 28 May 2025.**

#### Action taken since then

We reviewed this area for improvement at our follow up inspection. A training plan had been put in place however only a few staff had undertaken face to face training in supporting people who experience stress or distress. None of the staff had completed available e learning modules to support people with a cognitive impairment since the last inspection.

This area for improvement was not met and will be followed up at our next inspection

#### Previous area for improvement 2

So that people can have confidence in the organisation providing their care and support the service should ensure that robust and effective quality assurance processes are in place. This should include, but is not limited to:

- (a) The development of an improvement plan that is reflective of improvements identified through audit work.
- (b) Ensuring actions for improvement within the plan are clear, have ownership, are time specific and are reviewed regularly to determine progress.
- (c) Consideration of a self-evaluation process to monitor continuous improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I use a service and organisation that are well led and managed". (HSCS 4.23)

**This area for improvement was made on 28 May 2025.**

#### Action taken since then

We reviewed this area for improvement at our follow up inspection. The service improvement plan had been populated to cover the previous inspection findings. It now, however, omitted to include any of the improvements identified through audit activity.

There were various versions of the plan and it was not clear which was the most recent. All had some confusion around dates that actions were due.

This area for improvement was not met and will be followed up at our next inspection

### Previous area for improvement 3

In order that people are able to move around and feel secure in their surroundings, the service should undertake a review of the environment using good practice guidance. This should include but is not limited to:

- a) easing decision-making and orientation
- b) reducing agitation and distress
- c) encouraging independence and social interaction
- d) promoting safety.

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 28 May 2025.**

#### Action taken since then

We reviewed this area for improvement at our follow up inspection. We saw that a Kings Fund audit (Environments of care for people with dementia) had been completed on 13 June 2025. This identified a number of areas that needed addressed and the written observations provided useful suggestions. However we found that none of these observations or suggestions had been actioned nor were they identified in the service improvement plan.

The service had added some sensory equipment into a room in the centre point of three units on the first floor. We could not see from peoples plans how this room would support people who may experience stress or distress. There was no orientation to this room for people and overall across the home way finding and orientation had not been addressed.

The service had not met this area for improvement and we will follow up at our next inspection.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



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