

St. Vigeans Care Home Service

Millgate Loan
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Type of inspection:
Unannounced

Completed on:
12 May 2026

Service provided by:
Priority Care Group Limited

Service provider number:
SP2003000048

Service no:
CS2003000388

About the service

St. Vigeans is a care home for adults with a learning disability. It is registered to provide support for 25 people. There were 22 people living in St. Vigeans at the time of this inspection.

The home is situated a short drive from the town centre of Arbroath, which has a range of shops, a train station and bus links. The home comprises of a large main house, with a smaller unit within the grounds, housing two people, living more independently.

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The service aims to respect residents' choice and individuality with a commitment to promoting the potential and independence of its residents. The service supports residents with a variety of activities based on individual needs and interests.

About the inspection

This was an unannounced inspection that took place on 12 May 2026 between 09:00 and 16:30. One inspector carried out the inspection. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, details of registration and complaints, and information submitted by the service throughout the inspection year.

This was a core assurance inspection to provide assurance that better performing services continue to deliver care and support that meets people's needs. It is not a validation of previous evaluations, and no new evaluations (grades) have been awarded.

This inspection is called a core assurance inspection. This is because research tells us that these core assurances are the key areas that are essential to a service being safe. We report on them under the headings: legal assurances; wellbeing; leadership; staffing; the setting and planned care/support.

During this inspection, we confirmed that people continued to receive care that met their needs and protected their safety, wellbeing, and rights. We knew this because we:

- spent time with 13 people using the service
- received feedback from three relatives, five staff and management, and one visiting professional
- reviewed survey responses from three family members and six staff members
- observed practice and daily life
- sampled relevant documents.

Key messages

Legal Assurances

We found the service was operating legally and in line with their conditions of registration, including having the appropriate insurance in place and a range of policies and procedures that promoted good outcomes for people. This meant that people were safe and protected from harm and could have confidence in the organisation providing their care and support.

Wellbeing

People felt safe and well supported because the service had effective adult support and protection measures in place. Staff were trained and able to confidently describe how they would recognise signs of harm and what they would do about it.

People were happy living in the home. Families told us, 'My brother is incredibly happy and loves living at St. Vigeans', and they are 'well looked after'. People had lots to do enjoying time spent with each other in the home and out and about. People said, 'I was out for tea with my friend' and 'We are going out to see The Eagles'.

Infection prevention and control practices were embedded, and staff had received the necessary training. The environment was mostly clean, tidy, and welcoming. There were a few areas that required further improvement which we discussed with the management team during our visit.

People's health benefited from access to a range of community health professionals. Advice and guidance was evident within care plans which helped to ensure people were receiving the right support.

Medication systems were well managed. Risk assessments supported people to be involved as much as they are able to be.

People stayed connected with their family and friends, and visitors were welcomed. Staff supported individuals to participate in community activities, and to remain active, helping them build local relationships and maintain meaningful connections.

Staffing

People were supported by a stable staff team. People benefitted from a compassionate staff team who knew them well. We heard lots of positive and appropriate interactions. One person said, 'The staff are lovely and whenever I call on the phone always helpful and friendly'. This contributed to consistent care and positive outcomes for people.

Safe recruitment practices were followed, and new staff received an induction which was managed according to the needs of staff and the nature of the service. Time was taken to ensure that staff had completed relevant mandatory training and were supported to develop their skills and knowledge.

Staff demonstrated the principles of the Health and Social Care Standards in their practice. The manager had clear oversight of training and development needs. A culture of open communication and visible managers enabled staff to share ideas, raise concerns, and reflect on their practice. Staff told us, 'I love working here - it's like a big family and also staff' and 'staff work well together'.

Staff told us they were well supported and felt valued. There was a programme of supervision and key worker chats which provided opportunities for staff to reflect and discuss their roles. The formal supervision meeting could be more regular for some staff however this was not a concern for staff as managers were accessible and responsive for them.

Leadership Assurances

There was an experienced and well established management team in place. Managers and seniors knew people well and knew the home well. Managers were visible and regularly worked alongside staff and people who lived in the home which enabled natural daily observation and support.

A range of processes and audits were completed regularly to help maintain standards and identify any areas for improvement. A service improvement plan had been developed that described the various sources of information and how people can be involved. This could be further developed by including evidence of regular review with people.

Resident meetings were held monthly and minutes described how people were consulted about their home, their staff and their support. Meetings were chaired by residents who took it in turns. This helped people to feel that they had a voice and were contributing to developments.

Consultation with families was ongoing through telephone calls, emails and day to day contact. We highlighted the formal review process that could also provide an opportunity for wider discussions about the service that could feed into the overall service improvement plan.

Setting Assurances

The home is an old building which has been extended providing bright and spacious accommodation for people. The home was mostly clean and tidy with no offensive odours.

People showed us their bedrooms which reflected individual people's likes and preferences and their personalities. These were pleasant spaces for people to spend time should they wish. People did however have communal areas to spend time. These areas were bright and spacious with room for everyone. This helped when activities and events were taking place in the home.

The home is in need of upgrading in some areas and there was a plan in place to manage this.

There was a planned schedule for regular maintenance and servicing of safety equipment such as gas boilers, legionella and lifting equipment. This meant people could be assured their home was safe and well maintained.

Some bedrooms were cluttered as they were being used as store rooms. This was being addressed at the time of our visit with plans to refurbish and redecorate these areas.

People had access to an attractive garden that was well kept. There were no restrictions to people accessing this should they wish to.

Planned Care and Support Assurances

Care and support plans were strengths led and reflected people's preferences, likes and dislikes. People had been involved in creating their plans and were regularly consulted through monthly chats. Furthermore people were supported to prepare for formal discussions about their care and support prior to regulatory reviews.

Risk assessments had been developed to help people maintain their independence safely. This meant that people could retain their skills making snacks and hot drinks, travelling independently and participate in some elements of medication management.

Where there were legal arrangements in place such as guardianship orders, these were evident in care plans and copies of the terms were available for reference. Consent was still discussed with individuals which demonstrated how people's rights were respected and upheld.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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