Cumnor Hall
Care Home Service

18 Racecourse View
Ayr
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Telephone: 01292 266 450

Type of inspection:
Unannounced

Completed on:
10 April 2026

Service provided by:
Church of Scotland Trading as Crossreach

Service provider number:
SP2004005785

Service no:
CS2003001313

About the service

Cumnor Hall is registered to provide a care home service to a maximum of 31 older people diagnosed with dementia. The provider is Church of Scotland trading as Crossreach. The property is a detached villa which is situated close to Ayr town centre, with substantial enclosed gardens. There is easy access to a range of community resources. All bedrooms are single occupancy with one double bedroom for use by people with a significant relationship. There is a passenger lift to access the first floor.

At the time of inspection 28 residents were living in the home.

About the inspection

This was an unannounced inspection which took place between 07:15 and 21:00 from 7 March to 10 March 2026. The inspection was carried out by two inspectors from the Care Inspectorate. A team manager was also present at the inspection as part of the Care Inspectorate quality assurance process. 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 12 people using the service and six of their family members
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff were warm, compassionate, and knew residents well, which supported positive relationships.
- The service maintained effective links with external partners, which improved outcomes for residents.
- Ongoing recruitment issues meant the service relied heavily on agency staff.
- The service showed commitment to improvement, but sustained operational pressures limited management capacity.
- The environment was safe and well maintained, with robust infection prevention and good use of outdoor space.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	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 strengths clearly outweighed areas for improvement.

We found that people experienced care that supported their health and wellbeing. The service demonstrated strengths in clinical support, nutritional care, partnership working and family involvement. These strengths contributed to positive health outcomes and provided reassurance to people and their relatives.

The service had effective links with a range of external professionals and communication with external partners was described as effective, supporting timely advice and coordinated intervention. One professional we spoke to stated 'I find that the care home staff are very proactive at responding to any recommendations that I make following review of a resident.' Ongoing and planned professional input demonstrated a proactive approach to improving outcomes. This meant people could have confidence that their health needs were being met.

Care planning and review processes were well established. Reviews were completed regularly and families were actively invited to contribute, including through remote participation. Relatives consistently reported good communication and confidence in staff responsiveness to health concerns. Planned digital developments to increase access to care information demonstrated a commitment to openness and partnership, supporting continuity and shared understanding of care.

Nutritional care was a key strength. Staff had clear and accurate information about people's dietary needs and preferences, and the dining environment was calm and well organised. Hydration was promoted consistently, and overall practice supported dignity and wellbeing. However, observations indicated that dementia informed approaches during mealtimes were not applied consistently, which could negatively affect people's experience if not addressed.

Falls management arrangements were reflective and well recorded, with analysis of trends informing staff training and changes to practice. Daily care recording was consistent and supported accountability for key aspects of care. Despite this, aspects of personal care and risk awareness required more consistent oversight to ensure people's dignity, safety and presentation were fully maintained.

Meaningful activity supported people's wellbeing, with a visible and proactive activities programme that was valued by families. Engagement and interaction were strongest when the activities coordinator was present. Observational evidence identified limited staff interaction at other times and inconsistent dementia informed communication, which at times reduced opportunities for meaningful engagement and emotional wellbeing.

Medication management was observed to be safe and well organised. Medicines were stored securely, administered as prescribed, and accurate records were maintained. Staff demonstrated a good understanding of individuals' medication needs and followed established procedures consistently. As a result, people were supported to receive the right medication at the right time, which helped to maintain their health, wellbeing, and safety.

Overall, people benefited from warm care, strong clinical links, effective nutritional support and positive family involvement. While inconsistencies in engagement and dementia informed practice limited the quality of some daily interactions, these did not significantly diminish outcomes for people.

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had a framework in place for quality assurance and audit activity; however, its effectiveness was inconsistent. While some audits were completed regularly and to a good standard, others lacked routine completion and effective follow through, limiting their impact on sustained improvement.

Operational pressures and absence levels had impacted upon the manager's capacity to consistently oversee audits and quality assurance activity, resulting in some areas of practice oversight falling behind expected frequency (see requirement 1).

Audits that were completed well, such as medication audits, demonstrated clear actions and evidence of follow up. In contrast, some practice observations had not been completed regularly and lacked recorded actions. Across the audit system, action plans did not always identify a responsible person or completion date, meaning learning was not always embedded.

There were some clear strengths in quality improvement activity. Falls data was analysed effectively and informed environmental changes, learning from incidents had resulted in improved emergency planning, and staff meetings were held monthly. The service had also responded to feedback and sought external support to strengthen staff skills.

Notifications to the Care Inspectorate were timely, accurate and appropriate, and referrals to the local authority were made where required. External partners highlighted the high quality of communication from the service during a period of increased scrutiny.

Overall, while the service demonstrated areas of good practice and had a potentially robust quality assurance structure, these were not yet sufficiently embedded or consistently led to ensure reliable improvement.

Requirements

1. By 21 October 2026, the provider must ensure effective arrangements are in place to maintain clear leadership, governance, and quality assurance at all times, including during periods of management absence or change. Supportive measures must ensure that improvement activity remain consistent and effective, so that people's wellbeing is safeguarded and statutory responsibilities are met.

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

How good is our staff team? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We found that the service had a number of established systems to support staff competence, training and development, which helped to promote safe and person-centred care. All staff were appropriately registered with the Scottish Social Services Council (SSSC), and effective human resources systems were in place to monitor registration status.

The induction process at the service was a clear strength - a structured six week programme supported new staff to develop skills progressively through shadowing and core training. Staff told us they felt supported by managers and colleagues, described positive teamwork, and had opportunities to share ideas through regular meetings. Several staff were undertaking vocational qualifications, indicating a positive approach to learning and development.

However, the service experienced ongoing vacancies, high absence levels and a continued reliance on agency staff. These pressures reduced the consistency with which supervision, mentoring and development systems could be implemented. Supervision arrangements were in place, but organisational targets were not consistently met.

Training arrangements were partially effective. Compliance with e-learning was monitored centrally, but service level analysis was limited. Records for face-to-face training were clearer, enabling the manager to identify completion and gaps; however, staffing pressures frequently affected the service's ability to release staff for training.

Staff rotas were maintained through a combination of contracted staff, overtime and agency cover. Staff we spoke to expressed that, despite challenges when working with unfamiliar agency colleagues, they were able to meet residents' needs. Each shift was led by a senior carer, and staff reported that skill mix was appropriate and that improvements in digital recording had strengthened accountability of care delivery.

The manager maintained clear oversight of staffing arrangements, including liaising with the agency to support continuity and appropriate gender balance in line with residents' preferences. Interactions between staff and residents were warm and respectful. One family member told us 'The staff are first class, not a bad word to say - they treat my dad with dignity and respect'.

Overall, we found that the service benefited from a committed workforce, effective staffing oversight and strong induction arrangements. However, persistent vacancies, reliance on agency staff, and variability in supervision and training oversight limited the embedding of consistent staff competence development.

How good is our setting? 4 - Good

We evaluated this key question as good, where strengths clearly outweighed areas for improvement.

We saw that people experienced care in an environment that was safe, clean and welcoming. The environment was well maintained, with strong systems in place to support safety, infection prevention and comfort. Some areas required refurbishment to enhance homeliness, but these did not significantly detract from safety or overall quality.

The service was clean and well presented. The kitchen and laundry areas had clear systems in place to prevent cross-contamination and to manage people's clothing. Cleaning routines were established across day and night shifts; however, the quality of evening cleaning in dining areas was occasionally affected by competing staff priorities.

Safety certification and equipment checks were comprehensive and fully up to date. Fire safety arrangements were robust, with regular fire drills and an action plan in place following risk assessment. Food safety practices were strong, supported by external consultancy input, with all identified actions completed.

The environment supported orientation and comfort. Clear signage and varied communal spaces enabled residents to choose quieter or busier areas. Bedrooms were all single occupancy with ensuite facilities. Some rooms showed wear, but a rolling refurbishment programme was in place. We saw that recently updated rooms were warm, comfortable, and well maintained. This ensured that people benefitted from a homely environment.

Maintenance arrangements were effective, with any issues addressed promptly. Outdoor areas were a notable strength, with safe, accessible gardens supporting wellbeing and meaningful use. Overall, the service provided a safe, compliant, and well-maintained environment that supported people's health, comfort, and daily living.

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 and develop learning opportunities for staff to meet the needs of people who live in the care home, the provider should:

a) develop and make accessible a training matrix to identify gaps and plan for any outstanding training
b) create capacity to ensure that staffs competency can be monitored and observations of practice undertaken regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in the people who support and care for me' (HSCS 3.14).

This area for improvement was made on 20 June 2025.

Action taken since then
There was evidence of some staff observations but staffing pressures meant that these were not all regularly completed. A training matrix had been created but it could benefit from being more focused and to give clearer information about compliance. Additionally, organizational oversight meant that some training requirements were not under the direct oversight of the manager.

This area for improvement has not been met and will continue.

Previous area for improvement 2

To improve the content of personal plans and to promote people's health and wellbeing, the manager should ensure they are continually evaluated, reviewed and updated. Do this by involving relevant professionals and take account of good practice. Personal plans should be person-centred to reflect people's rights, choices and wishes. Reviews should include information on people's progress and actions noted by the person leading the meeting on behalf of the person to include who was present.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 20 June 2025.

Action taken since then

Personal plans showed evidence of review and update and contained detailed information that was used by staff to produce positive outcomes for residents. There was evidence of input from relevant external professionals that supported good practice. Improvements and updates to care planning were also pending that would improve the person-centred nature of plans.

This area for improvement has been met.

Complaints

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

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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