Queensberry Care Home
Care Home Service

Lauries Wynd
Sanquhar
DG4 6DR

Telephone: 01659 582 34

Type of inspection:
Unannounced

Completed on:
12 June 2026

Service provided by:
Harveys Healthcare Limited

Service provider number:
SP2008010067

Service no:
CS2008185641

About the service

Queensberry Care Home is registered to provide a care service to a maximum of 44 adults and older people. Included in this is four places for respite care, in addition, one day care place may be provided.

The provider is Harveys Healthcare Limited.

The care home is a large traditional house located in the centre of Sanquhar, within easy distance of shops and public transport. Accommodation is divided into three living areas; Mennock, Euchan and Skye.

Mennock and Euchan are on the ground floor and Skye is on the upper floor. Mennock and Skye have en-suite toilet and basin facilities, whilst Euchan all have en-suite toilet and shower facilities. Each living area has a shared bathroom and there are lounge areas in Euchan and Mennock. The dining room is on the ground floor.

Surrounding the care home are garden areas and the ground floor has access to patio areas with seating. There is parking to the front of the care home.

At the time of the inspection, 41 people were living in the home.

About the inspection

This was an unannounced inspection that took place on 10, 11 and 12 June 2026 between 10:15 and 20:15. One inspector carried out the inspection.

To prepare for the inspection, we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 14 people using the service and spent time with other people
- spoke with four relatives
- received feedback from 21 staff and management
- spoke with one visiting professional
- reviewed questionnaire responses from eight people, four relatives, two staff and four visiting professionals
- observed practice and daily life in Mennock, Euchan and Skye
- sampled relevant documents.

Key messages

- People experience warmth and compassion from a caring staff team.
- Staff felt supported and worked as a team.
- Environmental cleanliness and refurbishment must be improved.
- Quality assurance systems are in place but are not reliably supporting improvement.
- There is a clear gap between management efforts and provider responsibility, which is limiting progress and affecting outcomes for people.
- We have made three requirements and one new area for improvement. Three outstanding areas for improvement continue to be in place.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our setting?	2 - Weak

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

How well do we support people's wellbeing? 3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

To understand how well the service was performing we spent time talking with people who lived in the care home and their relatives. Overall, people spoke very positively about the service and the local staff team who provided this.

People felt content and more supported because staff knew them, treated them kindly, and responded in a timely manner when they needed help. The care home felt calm and positive. Having regular staff instead of agency staff offered people reassurance and more consistency in their care.

The systems used to keep track of people's health helped make their care better. Staff looked at falls information to spot patterns and reduce risks. They also kept a close eye on people's weight so they could get extra help when needed. This approach led to better outcomes for people, including weight gain and less need for nutritional supplements.

A range of activities were available, including themed events and external entertainment. Activity provision was more visible in some areas than others, some people told us they were bored and several people spent time in their bedrooms. The management team should review how one to one support is delivered across all areas. This should include weekends, to ensure everyone has equal access to meaningful engagement.

Medication management needed improvement. We identified issues with ordering, stock oversight and escalation. Improvements were also needed in dating topical medicines and maintaining 'as required' medication protocols. Addressing these areas will improve people's safety and the quality of their care. (See area for improvement 1)

More needs to be done to ensure people are supported to stay independent. People preparing to return to the community should have the right facilities and equipment to use during their stay in the care home. Without this, people may lose confidence and daily living skills.

The staff worked closely with community health and social care teams, with evidence of referrals to services, including, GPs, district nurses and social work. Professional advice was generally followed to support positive health outcomes.

Communication between staff was inconsistent, and information shared with visiting professionals wasn't always clear. As a result, people didn't always receive well coordinated care. Communication systems and referral pathways should be reviewed to ensure people receive timely support from external services.

People's mealtime experiences varied, and we discussed where improvement could be made. The dining room was underused, and limited table space in other living areas reduced opportunities for shared dining. Some people remained in the same lounge seat for long periods, including mealtimes. This did not support orientation or provide opportunities for social interaction. Menus were not displayed, and real time visual choices were not offered. Strengthening choice, dining environments and staff practice would help ensure mealtimes contribute more meaningfully to people's quality of life.

Areas for improvement

1. The provider should improve its medication management systems, including oversight of medication stock to ensure people received the correct medication at the correct time.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS1.24).

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

Leadership within the service, provided by the local management team, demonstrated several strengths that contributed positively to people's care. The registered manager and management team worked well together, with clear roles and responsibilities that supported day to day operations. Staff spoke positively about the support they received and said they felt comfortable raising issues or concerns, which helped maintain an open and transparent culture.

The management team showed accountability and worked well with external services, which supported safer and more transparent practice. They escalated concerns appropriately and in line with guidance. This helped ensure people were better protected.

The provider gathered feedback, but it was not yet using this well enough to drive clear improvements. Strengthening how feedback was used would have helped ensure people had a greater influence over how the service was provided.

Quality assurance systems were developing but not yet fully effective, and oversight was still inconsistent. There was evidence of learning and the management team responded appropriately to feedback. However, these improvements were still embedding, which meant the service was not yet able to demonstrate sustained, reliable quality monitoring. As a result, people experienced some benefits, but further strengthening is needed to ensure care is consistently safe and well led.

While the management team worked hard to drive improvement, there were delays in progressing environmental upgrades despite previous commitments. A meeting took place with the provider to discuss their oversight and the delays in addressing required improvements. These delays were affecting people living in the home and were not acceptable. Stronger provider responsibility and timely follow through was required to ensure sustained improvement and better experiences for people. (See requirement 1)

Requirements

1. By 27 September 2026, the provider must demonstrate effective oversight of the service to ensure that identified actions are completed within agreed timescales and that people experience safe, well led care. This must include, but is not limited to:
(a)ensure that required improvements, including environmental upgrades, are progressed without delay.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210).

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

How good is our setting? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

There were three living areas within the care home, which supported smaller group living. Each area had access to communal and dining spaces. The larger lounge and dining room on the ground floor were available to everyone. People had freedom of movement and were seen choosing to move between areas for activities or to visit friends. They could also choose the privacy of their own rooms or spend time in communal spaces. This supported people to have choice, independence and social connection.

People had access to outdoor space in the courtyard and patio area; however, the uneven path at the front of the building presented as a falls risk. Work to repair this area had not been progressed and exposed people to ongoing risk.

Areas of the care home appeared fresh and clean, for example the main foyer and Mennock lounge. However, this was not consistent across the care home. Some bedrooms were personalised, but overall, the standard of the environment required significant improvement. Many areas were not well maintained, and several issues previously identified had not been addressed. This indicated a lack of timely action and insufficient provider oversight. This meant the environment did not consistently support people's safety, dignity, comfort or wellbeing. (See requirement 1)

Environmental audits had been completed and an action plan was in place, but the pace of improvement was too slow. Daily walk around records were inconsistently completed, reducing the reliability of checks and limiting their effectiveness in driving improvement.

The maintenance recording system had gaps in the maintenance book, and no reliable way to track how long repairs had been outstanding. This meant risks were not consistently identified, prioritised or addressed.

Infection prevention and control (IPC) practices required improvement and cleanliness within the care home was not consistently maintained. Audits were ineffective in identifying or addressing concerns, and oversight did not ensure that risks were managed promptly. As a result, people were exposed to avoidable infection risks, and the environment did not consistently support safe or dignified care. (See requirement 2)

Longstanding repairs and maintenance issues that had not been addressed, demonstrating a failure by the provider to maintain a safe and dignified setting. Despite issues being identified, the provider had not allocated sufficient resources or support to ensure essential work was carried out.

Requirements

1. By 27 September 2026, the provider must take steps to ensure people experience care in an environment which is safe and well maintained. This must include, but is not limited to:

(a) complete a full assessment of all repairs required inside and outside the premises, include clear timescales for the commencement and completion of all identified work. This must be shared with the Care Inspectorate,
(b) carryout repairs to ensure the building is watertight and safe,
(c) how people experiencing care and their representatives will be consulted and involved.

This is to comply with Regulation 10 (2)(a)(b)(d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

2. By 27 September 2026, the provider must have effective systems in place to maintain safe standards of cleanliness and people experiencing care have confidence they are protected from harm by way of safe infection prevention and control practices. This must include, but is not limited to:

(a)assessing and allocating the required housekeeping hours per day to meet the expected standard of cleanliness,
(b)implement robust arrangements for monitoring and maintaining cleanliness, including regular checks and prompt action where standards fall below expectations,
(c)ensuring staff know and understand best infection prevention and control practice and implement this in the work that they do, and,
(d)put in place and implementing a plan to regularly monitor staff practice to ensure that all guidance is followed and take effective and immediate action where it is not.

This is to comply with Regulation 10 (2)(d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210).

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).

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 continuous improvement within the service, the provider should review the audit documentation to ensure it reflects best practice. Staff who complete audits should have the skills to do so to the expected standard.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 7 October 2025.

Action taken since then

The service had an improved quality assurance and matrix system to oversee its internal processes. However, some audits were not identifying all required areas or were not completed as intended. This showed that some staff still need further training, particularly on completing audits effectively to support meaningful improvements.

This area for improvement had not been met.

Previous area for improvement 2

All staff, including agency staff should receive an induction relevant to their position within the service.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 area for improvement was made on 7 October 2025.

Action taken since then

Staff had completed an induction and were able to clearly describe its content. We also reviewed completed induction records, which confirmed this. Agency staff were on shift during both inspection days. They described receiving an induction on arrival, and we saw completed documentation that demonstrated this process was being followed. This helped staff to understand people's needs and follow expected practices.

This area for improvement had been met.

Previous area for improvement 3

Staff competency assessments should be completed. Competency assessments should evaluate staff skills and knowledge against legislation and best practice. Competency assessment records should also evidence any areas for improvement and how these will be met.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 area for improvement was made on 7 October 2025.

Action taken since then

Staff competency assessments were completed in key areas, and we saw evidence of this for medication management, moving and handling, and infection prevention and control. To strengthen this process, the provider should set clear expectations for how often competencies should be assessed to maintaining oversight to ensure they are completed within expected timescales. Observation of practice is essential because it allows the provider to confirm that staff are applying their training correctly, working safely, and delivering consistent, high quality support to people.

This area for improvement had been met.

Previous area for improvement 4

The provider should address the outstanding repairs and refurbishment required within the building to ensure people experience care in an environment which is safe and well maintained.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.17); and '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 7 October 2025.

Action taken since then

There continued to be outstanding repairs and refurbishment required within the building. This area for improvement had not been met and now forms part of a requirement. See Key Question 4: How good is our setting?

This area for improvement had not been met.

Previous area for improvement 5

To ensure that people's care needs are accurately monitored the provider should ensure systems in place to record day-to-day care are used effectively and kept up to date.

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 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 area for improvement was made on 19 February 2025.

Action taken since then

Completion of care records remained an area for improvement. Although electronic systems were in place and being used, some information was still recorded on paper. This resulted in incomplete entries and a lack of coordination between the two systems. This inconsistency, along with gaps found in monitoring records, makes it harder for staff to evaluate people's needs and track changes effectively. A more consistent approach to recording, supported by further staff training, is needed to ensure accurate information that reflects the care provided.

This area for improvement had not been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

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