Annan Court
Care Home Service

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Type of inspection:
Unannounced

Completed on:
1 July 2026

Service provided by:
Annan Court Care Home Limited

Service provider number:
SP2012011825

Service no:
CS2012308063

About the service

Annan Court care home is registered to provide a non-nursing care home service to a maximum of 33 people aged 55 years and above. The provider is Annan Court Care Home Limited (Advinia Health Care Limited).

The service is situated on the outskirts of Annan, between Dumfries and Gretna. Local amenities are within walking distance of the home. There is a car park available for visitors.

The home is on ground level with accessibility throughout for people. The bedrooms have ensuite toilet and sink facilities. Two rooms have ensuite wet rooms. There are two shared shower facilities and one shared bathing facility for people to use.

A large lounge area is situated in the middle of the home with expansive panoramic views across the countryside down to the Solway Firth. There is a secure courtyard garden area for people and visitors to enjoy. The home also has a dining room, quiet lounge room and café.

At the time of the inspection 31 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 30 June and 1 July 2026 between 07:15 and 17:45 hours. Feedback was provided on 1 July 2026. This inspection was carried out by two inspectors and an inspection volunteer from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 17 people using the service and six relatives
- for people unable to express their views, we observed interactions with staff and how they spent their time
- spoke with 14 staff and management
- spoke with three visiting health professionals
- reviewed two questionnaire feedback forms from people receiving support
- observed practice and daily life; and
- reviewed documents.

Key messages

• People benefited from kind and compassionate care from staff who knew them well.

• Leaders had improved management oversight and demonstrated a commitment to continuous improvement.

• People should have more opportunities for meaningful activity and community involvement that reflect their interests and preferences.

• Quality assurance systems should demonstrate more clearly how identified concerns lead to sustained improvements for people.

• Staffing deployment, shift coordination and personal planning arrangements should be further improved to ensure people consistently receive timely, person-centred support.

• The service had met three requirements and one area for improvement made at previous inspection.

• The service had not met one area for improvement made at previous inspection.

• From the findings of this inspection, we have made a further six areas for improvements.

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 staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

Quality indicator 1.3: People's health and wellbeing benefits from their care and support

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

People benefited from caring and compassionate support from the staff who knew them well. One person told us, "I like it here, they will do anything for you. Staff pop in to talk to me." This reflected that people had trust in the staff that they knew providing their care.

Meaningful connection and activity opportunities were in development, supported by a recently recruited wellbeing coordinator who was developing the activity programme. There were some community links with an external exercise group recently started, church services taking place, and a summer event was planned to further promote engagement. During the inspection, some people were observed enjoying activities such as a knitting group and small group games, and one person was supported to maintain their independence within the local community.

Meaningful engagement opportunities should be further improved. Community outings had not yet taken place, activity planners were not consistently available, and greater consideration was needed for people who preferred to spend time in their rooms or did not take part in group activities. Some people told us, "I can't do the things I want to, even a trip to the shops would be good." and "I worry about dementia, so I like to stay active, but we don't really get out." Continued development in these areas should help ensure meaningful engagement is available to all people, in ways that reflect their preferences and interests. (see area for improvement 1)

Medication support was generally well managed, with safe systems supporting the storage and administration of medicines. Clear guidance, including as required protocols, promoted consistent practice and supported staff to review outcomes to ensure medicines continued to meet people's needs. This helped ensure people received their medicines safely and as intended.

The service demonstrated growing awareness of people's changing health needs. Health referrals were discussed during staff handovers, and we saw examples of appropriate referrals being made to services such as dietetics and occupational therapy. However, the service had identified that health referrals were not always made when needed in relation to skin integrity support. Overdue wound reviews, incomplete assessments and gaps in repositioning records reduced assurance that changes in people's needs were consistently identified and responded to. Continued improvement should be made to support positive skin integrity and health outcomes for people. This will help ensure people's skin integrity needs are responded to promptly, supporting their comfort, wellbeing and overall health outcomes. (See area for improvement 2)

People generally experienced personal care that supported their comfort, dignity and wellbeing, with records showing regular support with bathing and showering. Most people told us they received support when needed, and relatives reported improvements in their family member's care. Some records provided clear evidence of personal care offered, accepted and declined. A requirement made at previous inspection in relation to receiving appropriate standards of personal care has been met. However, greater consistency is needed. Not all personal plans described people's preferences, abilities or the support they required, and a small number of people were observed to have long or unclean nails.

Further development was needed in personal planning, recording and the consistent delivery of care. This will help ensure people receive support that reflects their preferences and promotes their dignity, comfort and wellbeing. (See area for improvement 3)

Response times were not always consistent, and some people experienced delays when needing support. Minutes from a recent resident meeting and feedback from people highlighted concerns that there could be times of waiting too long for help. There were occasions where staff presence was limited, and people experienced a delay in receiving support to use the toilet. Improved oversight of response times and ongoing review of staffing arrangements will help ensure people receive timely assistance and have their needs met when needed. This has been reported on further under "How good is our staff team?" where an area for improvement has been made.

Areas for improvement

1. To improve people's wellbeing and quality of life, the provider should ensure meaningful engagement opportunities are available to all people and reflect their individual interests and preferences.

This should include, but is not limited to, increasing opportunities for community involvement and ensuring people who do not attend group activities are supported to engage in ways that are meaningful to them.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

2. To support positive health and wellbeing outcomes, the provider should improve how skin integrity needs are identified, monitored and responded to.

This should include, but is not limited to, ensuring wound reviews, assessments and repositioning records are completed consistently and that referrals are made promptly when concerns are identified.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My care and support meets my needs and is right for me." (HSCS 1.19)

3. To ensure people receive personal care that reflects their individual preferences and promotes their dignity and wellbeing, the provider should improve the consistency of personal care planning, recording and delivery.

This should include, but is not limited to, ensuring personal plans clearly describe people's preferences, abilities and support needs, and that personal care is consistently delivered to a high standard.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23)

How good is our leadership? 3 - Adequate

Quality indicator 2.2: Quality assurance and improvement is led well

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

Management arrangements were improving, supported by a visible and approachable manager who was having a positive impact on the service. People and staff spoke positively about the new manager, describing them as supportive and regularly present within the home. A requirement made at previous inspection in relation to consistent, effective management being in place and quality assurance has been met.

Governance and quality assurance systems provided leaders with oversight of key areas of care and support. This helped identify issues such as gaps in care recording, skin integrity referrals and wound management. This demonstrated increasing awareness of service performance and areas that needed to be developed. However, it was not always clear what action had been taken in response to identified concerns or whether improvements had been sustained. Some themes continued to recur, indicating that follow up arrangements were not always effective. Strengthening action tracking and oversight will help ensure identified concerns lead to timely improvements and better outcomes for people's health and wellbeing. (See area for improvement 1)

Leaders sought feedback from people, relatives and staff and used this to make some improvements. Regular meetings supported involvement, and a "you said, we did" notice board showed how feedback had been acted on. Further work was needed to clearly demonstrate how all feedback led to improvements. This will help people feel listened to and involved in developing the service.

Leaders demonstrated a commitment to self-evaluation and continuous improvement, supported by a detailed service improvement plan informed by inspection findings, complaints and quality assurance activity. They had a good understanding of the service's strengths and challenges, and there was evidence of progress in areas such as nutritional support, oral health and personal planning.

Self-evaluation and audit activity had helped leaders identify areas for development, including staffing, staff supervision, wound management and learning from incidents. This demonstrated a growing understanding of where further improvement was needed. While progress had been made in some areas, leaders should continue to strengthen quality assurance arrangements to ensure improvements are consistently embedded and sustained. The service was supported by agency senior staff, and establishing a permanent senior team will help build on recent progress, provide greater continuity and support ongoing improvement for people experiencing care.

Areas for improvement

1. To support positive outcomes for people, the provider should strengthen oversight of quality assurance improvement actions to ensure identified concerns are addressed and improvements are sustained.

This should include, but is not limited to, monitoring actions arising from audits and quality assurance activity and evaluating whether changes have improved outcomes for people.

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

How good is our staff team? 3 - Adequate

Quality indicator 3.3: Staffing arrangements are right and staff work well together

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

People experienced warm, caring and respectful relationships with staff. We observed positive interactions between staff, people experiencing care and colleagues. People spoke positively about the relationships they had developed with some staff. Comments included, "The staff are exceptionally good and nice to me" and "I like it here, they will do anything for you". This helped people feel valued, respected and supported by those providing their care.

The service had established systems to support recruitment, induction, training and workforce development. New staff completed a structured induction programme which included shadowing, competency assessments, observation and reflection. Leaders had reviewed and strengthened induction arrangements by extending the programme, giving staff more time to develop confidence and skills in their role. Probationary reviews and monitoring arrangements were also in place, helping to support staff and promote safe, consistent practice during their early employment.

Staff training and development arrangements were continuing to develop, with high levels of compliance across most mandatory training. Leaders maintained oversight and were aware of areas requiring completion, providing support where needed. Staff had access to a range of wellbeing supports, such as occupational health services, employee assistance programmes and mental health resources. This helped staff develop the skills, knowledge and support needed to carry out their roles effectively.

Staffing arrangements were generally consistent. Planned staffing levels were mostly maintained, and regular dependency assessments helped inform staffing deployment. A requirement made at previous inspection in relation to staffing arrangements had been met. However further development was needed in ensuring staffing assessments considered the layout of the building, communal areas and include feedback from people, their representatives and staff. This will help ensure staff are deployed effectively, people receive timely support, and their care and wellbeing needs continue to be met. (see area for improvement 1)

The service continued to use agency staff to meet current assessed needs, including agency senior staff. Recruitment activity was ongoing and planned recruitment events aimed to support the development of a full permanent staff team. One person told us, "Lots of different staff, all nice but it's hard to keep track and I worry that they'll not know about me". Developing a more permanent staff team will help promote consistent relationships and ensure people are supported by staff who know them well.

Staffing assessments and arrangements did not always ensure people received support when needed. Staffing coordination, assessed needs of people and deployment arrangements would benefit from review. Strengthening shift leadership and ensuring effective coordination will help make best use of available staff. This will reduce delays and ensure people receive timely support from staff who are available and responsive to their needs. (see area for improvement 1)

Areas for improvement

1. To ensure people receive timely, responsive care and support, the provider should further develop how staffing arrangements, deployment and shift coordination are assessed and reviewed.

This should include, but is not limited to, ensuring staffing assessments fully consider the layout of the building and communal areas, incorporate feedback from people, their representatives and staff, and support effective leadership and coordination of shifts.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My needs are met by the right number of people." (HSCS 3.15) and "I am confident that people respond promptly, including when I ask for help." (HSCS 3.17)

How well is our care and support planned? 3 - Adequate

Quality indicator 5.1: Assessment and personal planning reflects people's outcomes and wishes

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

Personal planning arrangements were developing, with several plans providing clear and detailed information about people's needs, preferences and outcomes. Updated plans included meaningful information about people's life histories, wishes and what was important to them, helping staff deliver more personalised support.

Plans to support people experiencing stress and distress were detailed and person centred. These included information about individual triggers and personalised approaches to support people at times of distress. Nutritional plans were also comprehensive, detailing risks, goals, interventions and actions such as referrals and weight monitoring. This helped ensure staff had clear guidance to respond consistently to people's changing needs and support their health, wellbeing and quality of life.

Personal plan reviews were not always completed consistently. Six-monthly reviews had not always taken place, and there was limited evidence that people, relatives and others important to them had been involved in reviewing support and ensuring plans remained up to date. One person told us they had not seen their personal plan and would like access to it. Greater involvement in reviewing personal plans will help ensure people have choice and control over their support and that plans accurately reflect their current needs and wishes. (see area for improvement 1)

Further development was needed to ensure a consistent approach across all personal plans. Some plans had not yet been transferred to the newer format, and accessible one-page profiles would help staff, particularly agency staff, quickly understand people's needs, preferences and support requirements. Strategies for supporting people could also be more clearly recorded to promote consistent, person-centred care. Continued oversight will help ensure plans remain up to date, reflect people's current outcomes and support staff to provide care in line with people's wishes and preferences.

Areas for improvement

1. To ensure people have choice and control over their care and support, the provider should ensure personal plans are reviewed regularly and involve people, their relatives, and others important to them where appropriate.

This should include, but is not limited to, ensuring six-monthly reviews take place, personal plans are kept up to date, and people are supported to access and contribute to their own plans.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "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) and "I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17)

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

Requirements

Requirement 1

By 14 June 2026, extended from 8 March 2026 and 23 November 2025, the provider must ensure that people consistently receive appropriate standards of personal care. This includes but is not limited to any choices and preferences for bathing or showering are respected. This is to ensure people's basic care needs are met in a way that protects their health, dignity, and human rights. To do this, the provider must, at a minimum:

a) Ensure personal care is delivered regularly and in line with each person's assessed needs and preferences.
b) Maintain accurate and up-to-date care records that reflect the care provided.
c) Ensure staff can identify when individuals require support with personal care and respond appropriately.
d) Implement effective monitoring and management oversight to ensure care is not missed or delayed.

This is to comply with Regulation 4(1)(a) and 4(1)(b) (Welfare of users) and Regulation 5(1) (Personal plans) 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: "I experience high quality care and support that is right for me." (HSCS 1.19) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23)

This requirement was made on 9 September 2025.

Action taken on previous requirement
This requirement has been met and has been reported on under "How well do we support peoples wellbeing?"

Met - outwith timescales

Requirement 2

By 14 June 2026, the provider must demonstrate that there is consistent and effective management in place to support better outcomes for people living in the home, and that quality assurance and improvement is well led. To do this, the provider must, at a minimum:

a) Ensure the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service.
b) Ensure that management presence in the service is regular, purposeful, and used to monitor the quality of care and staff practice.

c) Take timely and effective action in response to identified concerns, with clear records of actions taken, outcomes achieved, and lessons learned.
d) Use feedback from people living in the home, their families and staff to inform service development and strengthen the improvement plan.

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 2011/201).

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)

This requirement was made on 2 April 2026.

Action taken on previous requirement

This requirement has been met and has been reported on under "How good is our leadership?"

Met - within timescales

Requirement 3

By 14 June 2026, to ensure the safety, health, dignity and wellbeing of people experiencing care, the level of staffing on each shift must be adequate to provide the assessed level of support to people at all times. To do this, the provider must, at a minimum:

a) Ensure there are sufficient staff on duty in all departments who are competent and who are meeting the assessed needs of people using the service.
b) Ensure staff are deployed appropriately to ensure that people receive assistance with their care needs at times that meet their needs and preferences.
c) Evidence that assessed staffing levels have considered the layout of the building, communal areas and include feedback from people, their representatives and staff.

This is in order to comply with section 7(1)(a) & (b) and (2) of the Health and Care (Staffing) (Scotland) Act 2019.

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 "People have time to support and care for me and to speak with me." (HSCS3.16)

This requirement was made on 2 April 2026.

Action taken on previous requirement

This requirement has been met and has been reported on under "How good is our staff team?"

Met - within timescales

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

The service provider should enhance the activity staffing to enable the development and provision of a range of meaningful activities to everyone throughout the home. This should also include developing links within the local community.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities, every day, both indoors and outdoors" (HSCS 1.25) and "I can maintain and develop my interests, activities and what matters to me in the way that I like" (HSCS 2.22).

This area for improvement was made on 11 December 2024.

Action taken since then

This area for improvement has been met and has been reported on under "How well do we support peoples wellbeing?" A new reworded area for improvement has been made.

Previous area for improvement 2

To support continuous staff development and safe, high quality care, the provider should ensure that staff receive regular supervision.

This should include keeping clear records of any follow up actions taken in response to concerns about staff practice, including the use of reflective practice where appropriate.

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 2 April 2026.

Action taken since then

Some progress had been made in improving staff supervision following the appointment of the new manager. While supervision arrangements had started to develop, further work was needed to ensure all staff received regular supervision. This will help support staff in their roles and promote consistent, high-quality care.

This area for improvement has not been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) for details of complaints about the service which have been upheld.

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 staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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