Wyndwell Care Home
Care Home Service

9 Harbour Street
Peterhead
AB42 1DJ

Telephone: 01779 471 522

Type of inspection:
Unannounced

Completed on:
16 July 2026

Service provided by:
Renaissance Care (No 2) Limited

Service provider number:
SP2013012032

Service no:
CS2015338664

About the service

Wyndwell Care Home provides care and support for up to 31 older people. Each room has ensuite toilet and washing facilities with several communal areas for people to spend time in. It is located in the coastal town of Peterhead, Aberdeenshire. The home is close to local amenities such as churches and shops, with views over the harbour. The home has a large garden area There were 31 people using the service at the time of inspection.

About the inspection

This was a follow up inspection which took place on 16 July 2026. The inspection was carried out by one inspector from the Care Inspectorate. 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 four people using the service and four of their family,
- spoke with six staff and management,
- observed practice and daily life, and
- reviewed documents.

Key messages

- People were benefitting from person-led care and support.
- Moving and handling practices had improved ensuring people were safe.
- Staff deployment had improved, resulting in sufficent staff available to support people throughout the day.
- Quality assurance systems had improved, thus giving leaders good oversight of the service.
- Staff felt better supported and valued.

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 good is our leadership?	4 - Good

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

How good is our leadership? 4 - Good

We re-graded this key question as good, as several strengths positively impacted outcomes for people and clearly outweighed areas for improvement.

The quality assurance process had improved. We reviewed audits and found these to be comprehensive. Any concerns raised by audits were clearly explained with actions and outcomes, which gave good ongoing oversight for leaders. For example, there had been changes made to the dining room experience as it had been identified that people's experiences could be improved. Some people were able to have meals in a smaller area, and staff were deployed to support mealtimes in a person-centred way. This meant people were able to have a calm, sociable meal experience.

Leaders were actively supporting quality assurance and improvement. We were able to review formal and informal practice observations and found these to be of good quality. Both staff and leaders were able to discuss and identify good practice and also where practice could be improved. As a result, people could be confident there was continuous learning ensuring good practice.

Leaders were more visible. Staff highlighted that leaders were working with them, which had improved practice and morale. Staff felt the staffing relationships within the team had improved and felt happier at their work. Open discussions and involvement of staff in improvement discussions meant they felt valued and listened to. Consequently, people benefited from a shared culture of improvement.

The service continued to work towards their service improvement plan. The garden area had been improved in conjunction with people and families for example, with new seating. This made the garden a better place for people with plans for further improvement in place.

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

Requirements

Requirement 1

By 2 June 2026, the provider must ensure that the quality assurance system strengthens continuous improvement by ensuring that leaders checks and audits are thorough and have a clear benefit to people. To do this the provider must, at a minimum:

a) Ensure people's experiences and outcomes are considered at every stage of the audit and service improvement planning process.
b) Review current audits to ensure these give sufficient oversight to leaders.
c) Ensure audits have clear delegation and timescales for identified deficits.
d) Ensure leaders are visible throughout the service to actively support quality assurance.
e) Ensure leaders undertake formal and informal observations in all areas of practice.

This is to comply with Regulation 4(1)(a) and 14(e) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 14 May 2026.

Action taken on previous requirement
The quality assurance systems have improved. See key question 2.

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

To ensure people's safety and comfort whilst using moving and handling equipment, the provider should ensure staff follow good moving and handling practices.

This should include but not limited to, ensuring brakes are applied to wheelchairs when stationary.

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 proactive and follow professional and organisational codes' (HSCS 3.14)

This area for improvement was made on 14 April 2026.

Action taken since then

Moving and handling practices had improved. During our inspection, we observed safe moving and handling practices when using equipment. This meant people were being kept safe from risk of harm.

This area for improvement has been met.

Previous area for improvement 2

To ensure people receive unrushed care and support, the provider should ensure there are sufficient staff available at all times.
This should include but not limited to identifying the busy times and ensure sufficient staff are available for care and support. 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)

This area for improvement was made on 14 April 2026.

Action taken since then

There had been improvement in the deployment of staff, especially during busy times, for example mealtimes. A new staff allocation sheet had been implemented which included areas for named staff to focus on, for example activities. This required to be signed off by the manager. We observed this to be working well, allowing the service to be much calmer and working to the pace of people.

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.scot.

Detailed evaluations

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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