Grandholm Care Home
Care Home Service

Grandholm Drive
Bridge of Don
AB22 8AE

Telephone: 01224 708 712

Type of inspection:
Unannounced

Completed on:
18 August 2026

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379125

About the service

Grandholm Care Home is a care home in Aberdeen. The service is registered to provide care for up to 79 older people over the age of 65 years. This includes a maximum of four places for those 50 years and over.

The care home is purpose-built with accommodation over three floors. The home is located in a quiet residential area within the city of Aberdeen. All bedrooms have en-suite facilities, including showers. Each floor has communal dining and lounge areas and adapted bathrooms. The home has a small, enclosed garden that can be accessed via the ground floor.

There were 69 people living in the home at the time of the inspection.

About the inspection

This was an unannounced follow-up inspection which took place between 11 August and 17 August 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

Our inspection raised significant concerns in relation to how people's health, welfare and safety needs were met. As a result, the provider was issued with an Improvement Notice on 25 August 2026. (See the service's page on the Care Inspectorate website).

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

· spoke with 17 people using the service
· spoke with 13 families
· spoke with staff and management
· received feedback from one external professional
· observed practice and daily life
· reviewed documents.

Key messages

· As a result of concerns about the service an Improvement Notice was issued to the provider on 25 August 2026.
· We had serious concerns about how people's health and wellbeing needs were being met. This meant people did not always receive responsive, safe, person-centred care.
· The service's management oversight and quality assurance processes needed to improve to ensure risks were identified, monitored and addressed promptly, supporting safer care and better outcomes for people.
· Personal plans and record keeping required to be reviewed as they did not contain accurate, up to date information about people's needs. This put people at risk of their needs not being met.
· We took enforcement action to require the provider to improve the quality of people's care. See the service's page on our website for more information www.careinspectorate.scot

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

Requirements

Requirement 1

By 10 August 2026, the provider must ensure that people experience a service that is well led and managed, and which results in better outcomes for people through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

To do this, the provider must, at a minimum:

a) Ensure that managers and leaders have effective oversight of people's health and wellbeing needs by continually evaluating their experiences.
b) Ensure quality assurance processes are effective, carried out regularly, and where areas for improvement have been identified, clear action plans are developed which detail the action to be taken and the person responsible for making the improvement.
c) Ensure any actions are reviewed by leaders and are signed off as completed once achieved.
d) Review the effectiveness of actions put in place to ensure these elicit positive outcomes for the health, safety and welfare of people experiencing care.

This is in order to comply with Regulation 4(1)(a) 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 states:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)
and
'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 5 June 2026.

Action taken on previous requirement

This requirement was not met and because of the risks to people we issued an Improvement Notice. Please see the service's page on our website at www.careinspectorate.scot

Quality assurance processes were ineffective. Whilst some audits were taking place they did not lead to improved outcomes for people. The audits and processes in place had not identified the significant concerns regarding people's care and support that we found during the inspection. This meant there was a lack of oversight of people's health and wellbeing needs and this put people at risk of poor outcomes.

Environmental checks had not identified risks associated with access to hot kettles in communal areas. The risk assessment in place was not adequate. This put people at risk of burns and scalds.

Some observations of staff practice had been completed however the majority of the staff team had not had an observation completed. This meant that the management team could not effectively monitor and assess the competency and performance of staff to ensure consistent standards of care.

The service had a clinical risk register in place which was now being analysed monthly. However, we identified inconsistencies and gaps in the information recorded within the register. For example some information about falls and wounds was missing. This meant the register did not provide a complete or reliable oversight of people's clinical needs. As a result, changes in people's needs were not consistently identified, monitored, or acted upon in a timely manner.

Whilst members of the management team had signed off some care records, we did not find evidence that they had used this as an opportunity to evaluate the care and support being provided. For example, we found one person's dentures to be heavily soiled with hardened debris, indicating they had not been cleaned. The care record said they had been cleaned and a leader had signed this off. This demonstrated a lack of effective oversight and scrutiny of the information being reviewed. We also found there was a lack of managerial oversight regarding people's personal care. Although records relating to personal care had been signed as reviewed, there was no evidence that leaders had identified or acted on gaps in care delivery. During discussions with the management team, it became apparent that records were being signed to confirm they had been completed, rather than to evaluate whether people had received appropriate care and support. This meant the review process was ineffective and appeared to be a tick-box exercise. This limited the management team's ability to identify concerns and drive improvements in the service and increased risks to people.

During the inspection we were advised that the provider had developed a new audit oversight tool. The new tool covered a range of areas such as personal plans, nutrition, falls, wound care and mealtime observations. This is still to be introduced and embedded into the home.

This requirement has not been met and the service is now subject to an Improvement Notice. For further details on this enforcement see the service's page on our website at www.careinspectorate.scot

Not met

Requirement 2

By 10 August 2026, the provider must ensure that people experience responsive care and support in a manner which maintains the dignity, health and wellbeing of people.

To do this, the provider must, at a minimum:

a) Ensure people receive personal care, oral care, nail care in accordance with their needs, wishes and preferences.

b) Ensure that where risks associated with weight loss are identified, there are clear plans in place and that all staff are aware of and follow these plans.

c) Ensure staff understand people's needs and carry out care accordingly.

d) Ensure people's health care recording charts and assessments are accurate, regularly reviewed and focused on people's outcomes.

e) Ensure where concerns or changes have been noted in a person's condition or needs, that actions are taken to provide responsive care; this includes following advice and guidance from health care professionals and that this is clearly documented.

This is in order to comply with Regulation 4(1)(a), Regulation 5(2)b(ii), Regulation 5(2)(b)(iii), and Regulation 5(c) 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:

'My personal 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 'My care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 5 June 2026.

Action taken on previous requirement

This requirement was not met and because of the risks to people we issued an Improvement Notice. Please see the service's page on our website at www.careinspectorate.scot

People did not receive regular showers, baths, oral care or nail care to meet their needs and wishes. During the inspection, we found some people had long gaps between showers or baths and one person's personal care record showed they hadn't had a shower for 30 days. People's fingernails were dirty, toothbrushes were dry and appeared unused, and some people's hair was unkempt. An over bed table was being used to stop someone from standing up independently. This was a form of restraint. These issues were a significant risk to people's dignity and their physical and emotional wellbeing.

We had concerns that people's skin integrity was not being effectively supported and documented. Up-to-date advice had not been sought from external professionals to ensure pressure care support was appropriate to meet people's needs. Personal plans lacked sufficient information to guide staff. This meant there was a lack of clear instructions about how frequently people required to be repositioned. People did not receive regular positional changes as records did not evidence these had taken place and for one person who required to be repositioned there were no records in place at all. As a result, people were at risk of their skin breaking down, and their needs not being met.

Topical medication administration records did not give staff clear direction about where topical medication should be applied or at what frequency. We found a number of topical medications with illegible prescription labels and no opening date recorded. This put people at risk of receiving medication incorrectly and skin breakdown.

Record keeping in relation to wound care was inconsistent and incomplete. Some wounds were documented within people's personal plans, while others were recorded separately in wound care folders. The clinical risk register also did not include information about people who had sustained skin tear injuries. As a result, leaders did not have effective oversight of wound care, and wounds were not being consistently monitored or reviewed. This increased the risk of changes in people's condition going unrecognised, wounds deteriorating without timely intervention, and individuals not receiving appropriate care and support.

The lack of effective oversight and monitoring of all types of wounds increased the likelihood of complications, infection, delayed healing and avoidable harm.

At the last inspection we raised concerns about people's nutritional needs not being met. While we found improved guidance for staff on supporting people who required a fortified diet, information about people's nutritional needs was inconsistent across their personal plans. Staff did not record food and fluid intake for people at risk of weight loss, malnutrition or dehydration. As a result, leaders could not be assured that people's nutritional needs were being effectively monitored. The lack of accurate records increased the risk of dehydration, unplanned weight loss or weight gain, and malnutrition. It also increased the risk that deterioration or changes in a person's condition would not be identified promptly which could delay appropriate health care and medical intervention.

People did not receive adequate support with their continence needs. Personal plans lacked information about how to support people with their continence needs and did not follow the provider's own procedures. Records of the support that people received with their continence needs were also incomplete. This put people at risk of their changing needs not being recognised or responded to.

Personal plans lacked sufficient person-centred detail to enable staff to deliver safe, effective and consistent care. We found gaps and inconsistencies in information. For example, the frequency a person required to be repositioned and people's preferences regarding their personal care was often omitted. We also found conflicting information in people's plans for example, what type of modified diet a person should receive. This placed people at risk of receiving the wrong care and support.

The service had introduced some new recording documents since the last inspection. However, the new templates had not been effective as they did not provide a means to record some important care needs such as the support people had with continence care.

People's health and supplementary care recording charts were not always completed fully, and some were unclear. For example, people were not receiving welfare checks and position changes at the required frequency. Leaders had not identified these gaps and concerns which meant there was a lack of ongoing evaluation and assessment to adequately meet people's current and changing needs.

We were concerned that the service did not always seek external professional advice to support up-to-date decision-making about people's care. In some cases historical advice appeared to be relied upon rather than seeking current guidance to reflect people's changing needs. The lack of effective recording and oversight of people's needs also meant that decisions about people's care and treatment were based on incomplete information which could impact on people's health, comfort and wellbeing.

This requirement has not been met and the service is now subject to an Improvement Notice. For further details of this enforcement see the service's page on our website at www.careinspectorate.scot

Not met

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 provider should ensure that people are cared for by a well supported staff team. To do this the provider should ensure that staff have regular support and supervision, which is recorded and appropriate to their role. This should include observations of practice and opportunities for staff to reflect on skills, knowledge and learning.

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 5 June 2026.

Action taken since then

Some group supervision sessions and individual supervision meetings had taken place since the last inspection. However, a number of staff had not yet received a formal supervision meeting during the year. Observations of practice had also not been embedded consistently across the service. As a result, leaders could not be assured that all staff were receiving regular support, guidance and opportunities to reflect on their practice. This increased the risk that learning and development needs would not be identified, and poor practice would not be recognised or addressed in a timely way. This could impact on the quality and consistency of care and support provided to people.

This area for improvement has 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.

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