ITEM No …7……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 20 MAY 2026**

REPORT ON: **CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/ OLDER PEOPLE AND OTHER ADULT SERVICES 2025-26**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC20-2026**

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise for the Performance and Audit Committee the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults/older people and other adult services in Dundee for the period 1 April 2025 to 31 March 2026.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Note the scale and scope of Care Inspectorate led inspections carried out in 2025-26 during the reporting year (section 4.1)

2.2 Note the contents of this report and the gradings awarded as detailed in the attached performance report (Appendix 1) and highlighted in section 4.2.

2.3 Note the range of continuous improvement activities progressed during 2025-26 as described in section 4.3 and Appendix 1.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background

4.1.1 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensures that care service providers meet the Health and Social Care Standards[1] that came into effect in April 2018. The Care Inspectorate use a six-point grading system against which certain key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate's website at www.careinspectorate.com.

4.1.2 During 2025-26 the Care Inspectorate continued to support the implementation of the Health and Care (Staffing) (Scotland) Act 2019 which came into effect on 01 April 2024. The Act aims to ensure safe and high-quality care through appropriate staffing levels in health and social care settings. The overall inspection framework for adult services continued to be supported by a series of sector specific quality frameworks, which support providers to self-evaluate their own performance and are used by inspectors to provide independent assurance about the quality of care and support. As well as supporting inspection these quality frameworks are also designed

[1] https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2017/06/health-social-care-standards-support-life/documents/health-social-care-standards-support-life/health-social-care-standards-support-life/govscot%3Adocument/health-social-care-standards-support-life.pdf

to support improvement activity. The full range of relevant frameworks can be accessed at: Quality frameworks for care services | Care Inspectorate Hub (care homes for adults and older people, care at home, support services, and housing support services). Whilst there is variation across each framework, some core areas of focus are:

- How well people's wellbeing is supported.
- How good the leadership of the service is.
- How good the staff team is.
- How good the setting (physical environment) within the service is.
- How well care is planned.

4.1.3 The Care Inspectorate base their inspection priorities for each service on risk and intelligence and have set out a baseline for which key questions will be evaluated at each inspection dependent on grade and whether there are high scrutiny or medium/ low scrutiny requirements. Two key questions (elements of Key Question 1 – How well do we support people's wellbeing? and Key Question 2 – How good is our leadership?) are the minimum for all services, with the Care Inspectorate having discretion to look at and evaluate any further key question(s) and quality indicator(s) in addition to this if there are any concerns arising from the assessment of the core assurances during the actual inspection.

4.2 Gradings Awarded

4.2.1 Across the services listed in the performance report contained within Appendix 1, 45 inspections were undertaken during 2025-26. This included 26 inspections carried out across 19 care homes (including three Dundee HSCP operate care homes) and 19 inspections carried out across 18 other adult services (including one Dundee HSCP operated service).

4.2.2 Table 1 illustrates the number of services receiving a grade of 1-6 in one or more key question along with a comparison from 2024-25:

Table 1: Grade Received by Service	Care Homes				Other Adult Services			
Year	2025-26		2024-25		2025-26		2024-25	
Number of Services Inspected	19		17		18		27	
6 'excellent' in one or more key questions	-	-	2	12%	2	11%	-	-
5 'very good' in one or more key questions	9	47%	8	47%	11	61%	15	56%
4 'good' in one or more key questions	12	63%	11	65%	11	61%	20	74%
3 'adequate' in one or more key questions	7	37%	7	41%	8	44%	8	30%
2 'weak' in one or more key questions	1	5%	2	12%	1	6%	-	-
1 'unsatisfactory' in one or more key questions	-	-	1	6%	-	-	-	-
4 'very good' and above in all grades (initial annual inspection)	12	63%	10	59%	12	67%	18	67%

3 'adequate' or below in all grades (initial annual inspection)	**1**	**5%**	**7**	**41%**	**1**	**6%**	**9**	**33%**

There were 25% less inspections carried out in care homes and other adults services this year compared to 2024-25. The grading data evidences an improvement in grades between 2024-25 to 2025-26 for care homes particularly; of note is the reduction of care home providers receiving a grade 3 or below in all grades, however, there were no grade 6's awarded. It is a similar picture in other adult services whereby there has been an improvement in the number of services who previously were graded 3 or below in all grades, however, two services received a grade 6 'excellent'.

4.2.3 A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law. Requirements were placed on 5 of the 19 (26%) care homes inspected and 7 of the 18 (39%) other adult services inspected during 2025-26. Details of the improvement support provided is set out in section 4.3 and Appendix 1.

4.2.4 Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services. There were no enforcements put in place for any Dundee service during 2025-26.

4.2.5 Table 2(a) shows the overall percentage awarded at grades 1 to 6 for care homes. Of the 26 inspections carried out across 19 care homes, 74 grades were awarded against the key questions noted below:

Table 2(a) – Care Homes (26 inspections, 74 grades awarded)

Table 2(a): Grade 2025-26	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	0	0	0	0	0	0
5 'very good'	23%	6 (28.5%)	1 (10%)	2 (15%)	8 (40%)	0
4 'good'	45%	9 (43%)	4 (40%)	8 (62%)	8 (40%)	4 (40%)
3 'adequate'	28%	5 (24%)	4 (40%)	3 (23%)	4 (20%)	5 (40%)
2 'weak'	4%	1 (4.5%)	1 (10%)	0	0	1 (20%)
1 'unsatisfactory'	0	0	0	0	0	0

Table 2(a) demonstrates that grades of 'very good' or excellent' continued to be more evenly spread across Key Questions than had been the case prior to 2024-25 (where they were more likely to be awarded in relation to supporting people's wellbeing and leadership of care home services).

All of the three Partnership operated care homes inspected during 2025-26, ended the year with an evaluation of 'very good' against all Key Questions inspected.

Table 2(b) Support Services with Care at Home (10 inspections / 32 grades awarded)

Table 2(b): Grade 2025-26	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	3%	1 (10%)	0	0	0	0
5 'very good'	37.5%	3 (30%)	1 (25%)	6 (60%)	0	2 (25%)
4 'good'	37.5%	5 (50%)	2 (50%)	1 (10%)	0	4 (50%)
3 'adequate'	22%	1 (10%)	1 (25%)	3 (30%)	0	2 (25%)
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Table 2(c) Care at Home with Housing Support (9 inspections / 23 grades awarded)

Table 2(c): Grade 2024-25	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	4.5%	1 (12.5%)	0	0	0	0
5 'very good'	39%	3 (37.5%)	1 (25%)	4 (50%)	0	1 (33.3%)
4 'good'	18%	2 (25%)	0	2 (25%)	0	0
3 'adequate'	29.5%	2 (25%)	2 (50%)	2 (25%)	0	1 (33.3%)
2 'weak'	9%	0	1 (25%)	0	0	1 (33.3%)
1 'unsatisfactory'	0	0	0	0	0	0

Tables 2(b) and 2(c) for other adult services cover a variety of service provision models therefore comparisons cannot be made against each model for the purposes of this report. A small number of inspections were undertaken within each model of service. Key Question 4 is not inspected against in the majority of other adult services as they are primarily provided in the service user's own home.

4.3 **Continuous Improvement**

4.3.1 There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality that involves care home providers, other adult service providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach e.g. effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed. Appendix 1 contains further information about the range of improvement support available to providers across care home, care at home, housing support and other adult services.

4.3.2 Improvement activity during 2025-26 included targeted support for care home providers, with the Dundee HSCP care home team continuing to provide support through nurses, social workers and an occupational therapist. In 2025-26, the RGN's within the team undertook training to complete Do Not Attempt Resuscitation documentation for residents who wish to have this in place, reducing delays previously associated with GP completion. The RMN's implemented a more streamlined referral process to support residents and care home staff more quickly with regards to distressed behaviours, assessments and medication intervention where required. The social workers along with the Integrated Manager streamlined a number of processes including requests for 1:1 additional support and Enhanced Support processes when there are increases in notifications for significant events from care homes, supporting improved early intervention. Where significant concerns arise, the Partnership and the Care Inspectorate work closely with providers through enhanced monitoring arrangements and, where required, formal investigatory processes.

4.3.3 A number of high performing services are identified within Appendix 1, including those achieving grades of 'excellent' and 'very good' across multiple aspects of the key questions utilised for inspection. Common areas of strength identified included: strong person-centred and compassionate care; motivated and well-supported staff teams; effective leadership and oversight; effective quality assurance approaches that support continuous improvement; meaningful engagement and communication with people experiencing care and their families; and positive partnership working with external health and social care professionals and the wider community.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

6.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

7.0 CONSULTATIONS

7.1 The Acting Chief Finance Officer, Acting Head of Service, Strategic Services, the Clerk, Heads of Service - Health and Community Care and Chief Social Work Officer were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Officer

DATE: 15 April 2026

Rosalind Guild
Contracts Officer

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Appendix 1

PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS

DUNDEE REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES

1 APRIL 2025 – 31 MARCH 2026

INTRODUCTION

The purpose of this report is to summarise for members the findings and gradings awarded by the Care Inspectorate to registered care homes for adults/older people and other adult services within Dundee for the period 1 April 2025 to 31 March 2026.

The Care Inspectorate regulate care services for people of all ages in Scotland. Their work includes registering services, inspecting and grading them, dealing with complaints, carrying out enforcement action where necessary and helping services to improve.

The role of the Care Inspectorate is to regulate and inspect care services so that:

- vulnerable people are safe;
- the quality of service delivered is high and continues to improve;
- people know the standards they have a right to expect;
- reports are made available publicly on the quality of services across Scotland; and
- they can support the review and development of how services are delivered.

The Care Inspectorate played a key role in supporting the implementation of the Health and Care (Staffing) (Scotland) Act 2019 which came into effect on 1 April 2024. The Act aims to ensure safe and high-quality care through appropriate staffing levels in health and social care setting.

The Care Inspectorate continue to inspect using a six-point grading scale (see below) against which the following key themes are graded:



Each theme is assessed from 1 to 6 with1 being ‘unsatisfactory’ and 6 ‘excellent’.

The grading scale used is:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

OVERVIEW OF THE SERVICES INSPECTED

A total of 45 inspections were carried out in 37 services during 2025-26 (see Appendices A and B):

- 26 inspections in 19 care homes

- 19 inspections in 18 other adult services

Where there are performance concerns at an inspection resulting in a number of requirements being imposed, a follow up visit is arranged. This can result in further action being taken or grades being amended. A breakdown of the requirements are listed in Appendix C for care homes and in Appendix D for other adult services.

Inspection/investigations are also carried out if complaints are made against a service and can result in a change to grades. Upheld complaints are recorded on the Care Inspectorate website (www.careinspectorate.com).

Table 1 shows which sectors received an inspection during 2025-26:

Table 1: Inspected Services - Sector Data	DHSCP	Private	Voluntary*	Total
Number of Care Homes	3	16	-	19
%	16%	84%	-	100%
*As of 2024-25 there are no voluntary care homes in Dundee due to closures				
Number of Other Adult Services	1	5	12	18
%	5%	28%	67%	100%

Summary of the gradings awarded in Dundee

Table 2 illustrates the number of services who received the undernoted gradings in one or more of the key questions inspected and the comparison from previous year 2024-25.

Table 2: Grade Received by Service	Care Homes				Other Adult Services			
Year	2025-26		2024-25		2025-26		2024-25	
Number of Services Inspected	19		17		18		27	
6 'excellent' in one or more key questions	-	-	2	12%	2	11%	-	-
5 'very good' in one or more key questions	9	47%	8	47%	11	61%	15	56%
4 'good' in one or more key questions	12	63%	11	65%	11	61%	20	74%
3 'adequate' in one or more key questions	7	37%	7	41%	8	44%	8	30%
2 'weak' in one or more key questions	1	5%	2	12%	1	6%	-	-
1 'unsatisfactory' in one or more key questions	-	-	1	6%	-	-		-
4 'very good' and above in all grades (initial annual inspection)	12	63%	10	59%	12	67%	18	67%
3 'adequate' or below in all grades (initial annual inspection)	1	5%	7	41%	1	6%	9	33%

There were 25% less inspections carried out in care homes and other adults services this year compared to 2024-25. The grading data evidences an improvement in grades between 2024-25 to 2025-26 for care homes particularly of note is the reduction of care home providers receiving a grade 3 or below however there were no grade 6's awarded. It is a similar picture in other adult services whereby there has been an improvement in the number of services who previously were graded 3 or below however two services received a grade 6 'excellent'.

Table 3 – Care Homes (26 inspections, 74 grades awarded)

Table 3: Grade 2025-26	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	0	0	0	0	0	0
5 'very good'	23%	6 (28.5%)	1 (10%)	2 (15%)	8 (40%)	0
4 'good'	45%	9 (43%)	4 (40%)	8 (62%)	8 (40%)	4 (40%)
3 'adequate'	28%	5 (24%)	4 (40%)	3 (23%)	4 (20%)	5 (40%)
2 'weak'	4%	1 (4.5%)	1 (10%)	0	0	1 (20%)
1 'unsatisfactory'	0	0	0	0	0	0

Table 3(a) Support Services with Care at Home/Housing with Care (10 inspections / 32 grades awarded)

Table 3(a): Grade 2025-26	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	3%	1 (10%)	0	0	0	0
5 'very good'	37.5%	3 (30%)	1 (25%)	6 (60%)	0	2 (25%)
4 'good'	37.5%	5 (50%)	2 (50%)	1 (10%)	0	4 (50%)
3 'adequate'	22%	1 (10%)	1 (25%)	3 (30%)	0	2 (25%)
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Table 3(b) Care at Home with Housing Support (9 inspections / 23 grades awarded)

Table 3(b): Grade 2025-26	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	4.5%	1 (12.5%)	0	0	0	0
5 'very good'	39%	3 (37.5%)	1 (25%)	4 (50%)	0	1 (33.3%)
4 'good'	18%	2 (25%)	0	2 (25%)	0	0
3 'adequate'	29.5%	2 (25%)	2 (50%)	2 (25%)	0	1 (33.3%)
2 'weak'	9%	0	1 (25%)	0	0	1 (33.3%)
1 'unsatisfactory'	0	0	0	0	0	0

Tables 3(a) and 3(b) for other adult services cover different models of service provision therefore comparisons cannot be made against each model for the purposes of this report. A small number of inspections were undertaken within each model of service however data evidences that all services are performing well with no grades of 'weak' awarded. Key Question 4 in the majority of other adult services is not inspected against as services are primarily provided in the service user's own home.

Moyness Care Home (owned by Balhousie Holdings Limited) – Following on from concerns raised by Dundee Health & Social Care Partnership (Dundee HSCP) Care Home Team and from feedback following an inspection visit carried out by the Care Inspectorate on 20 August 2025, a pre-Large Scale Investigation meeting was held on 27 August 2025. It was agreed at that meeting to move forward with the Large Scale Investigation (LSI) process and Balhousie Care Group voluntarily agreed to placing an embargo on new admissions to the care home during this process. A follow up visit by the Care Inspectorate on 8 January 2026 saw grades improved and outstanding requirements met and the LSI subsequently concluded on 15 January 2026. A new care home manager was appointed in February 2026. The care home continues to be monitored through the Enhanced Contract Monitoring process. Close monitoring will continue until both the Care Inspectorate and Dundee HSCP are satisfied that the improvements made will be sustained.

Balhousie Clement Park (owned by Balhousie Holdings Limited) – At a pre-LSI meeting held on 2 December 2025 it was agreed to proceed to a full LSI given the concerns noted by Dundee HSCP Care Home Team. The provider had also agreed to a voluntary moratorium on admissions during this process. The concerns in conjunction with the management arrangements at that time had not offered Dundee HSCP reassurance that a lesser enhanced monitoring process would suffice. The Care Inspectorate had also imposed a number of requirements to be met at their inspection visits held in May and November 2025. In January 2026 the Care Inspectorate again visited and as a number of the requirements had not as yet been met, downgraded some of the previous grades. A number of complaints had also been received and upheld by the Care Inspectorate during this time. The care home manager resigned from post in January 2026. Following a number of LSI meetings to discuss the action plans in place there was evidence that improvements were being made and the embargo on admissions was lifted in March 2026. The LSI process subsequently ended on 10 April 2026. Enhanced contract monitoring will commence to ensure that improvements are sustained and support the provider whilst seeking a replacement care home manager.

Care Inspectorate Key Messages – High Performing Services

Ellen Mhor Care Home (Cygnet (OE) Limited)

- People were supported by staff who knew them well and treated them with compassion, dignity, and respect.
- The team were supported by a competent management team and people received a high standard of personal care and support.
- People were recognised as individuals, and they were encouraged to exercise their skills and abilities.
- It was clear that people enjoyed the activities on offer and appreciated the support made available to help them connect with loved ones and the wider community.

Forebank Care Home (Brookesbay Care Group)

- People experienced warm and compassionate care.
- Mealtimes were relaxed and staff supported people with dignity and kindness on a one-to one basis where required.
- The care team had effective oversight of people's healthcare needs and were responsive to changing needs.
- Staff felt well supported, confident and competent in their roles.
- The detailed quality assurance system prompted a culture of continuous improvement.

Janet Brougham Care Home (Dundee Health & Social Care Partnership)

- The service promoted people's independence, whenever possible.
- People had a choice of various activities daily which suited their needs and preferences.
- A person-centred approach was in place and people felt respected.
- The service was responsive, keen to make sure people were getting the right care and support.
- The staff team enjoyed their jobs and were enthusiastic.

Mackinnon Centre (Dundee Health & Social Care Partnership)

- People felt warmly supported by caring staff.
- People's strengths and abilities were valued.
- The environment was welcoming, personal and well kept.

Turriff House Care Home (Dundee Health & Social Care Partnership)

- Leaders of the service had very good oversight of performance and were improvement-focussed.
- Staff were very good at developing meaningful relationships with people experiencing care and their families.
- The service had developed strong partnerships with external health professionals.
- People were supported to maintain links with the local community.
- The provider was very good at communicating, engaging, and involving all stakeholders in service development.
- Continued investment in environmental improvements would benefit people experiencing care.

TayCare at Home (TayCare at Home Limited)

- The service demonstrated an outstanding commitment to person centred care and all of people's needs including family members.
- People and their families consistently told us that their lives had improved due to the care and support they received. "the care exceeded all our expectations."
- People and their outcomes were central to the decision-making process, resulting in improved quality of life for people.
- People were supported to build, maintain or re-gain their confidence and to have a strong sense of their own identity and wellbeing.
- The rights of people were recognised, respected and were always promoted.
- Staff were passionate in their role and felt well supported.
- There was a strong focus on internal career progression and ongoing development for staff.
- People benefited from a stable staff team who knew them very well.

The Richmond Fellowship Scotland – Dundee Services (The Richmond Fellowship Scotland Ltd)

- All of the supported people we spoke to, told us that they were very happy with their support and spoke positively about the staff.
- The service put supported people at the heart of their work and had found innovative ways to improve people's support.
- Staff had undertaken a comprehensive range of relevant training, which they told us was informative, had increased their knowledge and was relevant to their roles.
- We found that the staff group was well motivated and approached their work in a caring and sensitive manner.
- Staff told us that their seniors and the manager were accessible, approachable and supportive.
- The staff we spoke to told us that they were part of a mutually supportive team. The service encouraged more experienced staff members to mentor their less experienced colleagues.
- The service had a wide range of well written and relevant policies and procedures in place, which underpinned the quality of support it provided.
- We heard from other professionals that the service communicated well with them and was excellent at supporting people with complex support requirements.
- The service had detailed plans to improve all the communal outdoor areas.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

Requirements were placed on 5 of the 19 (26%) care homes inspected and 7 of the 18 (39%) other adult services inspected.

Complaints

A complaint is an expression of dissatisfaction by about a registered care service's action or lack of action, or about the standard of service provided by or on behalf of a registered care service'. Following investigation, a decision will be made by the Care Inspectorate whether the complaint is upheld or not upheld.

During 2025-26 the Care Inspectorate received one or more complaints relating to 5 care home services and 5 services for other adults. Of these, all were upheld or at least one of the following elements upheld.

Complaints – Care Homes	Complaints – Other Adult Services
Wellbeing • Social • Other **Healthcare** • Palliative care	**Healthcare** • Tissue viability • Medication issues • Inadequate healthcare or healthcare treatment **Communication**

• Inadequate healthcare or healthcare treatment • Continence care • Infection control issues • Medication issues • Oral health • Tissue viability • Hydration • Other **Staff** • Levels • Training/qualifications **Communication** • Between staff and service users/ relatives/ carers **Choice** • Care and treatment **Environment** • Other **User Participation** • Other **Record-Keeping** • Other **Food** • Other	• Between staff and service users/ relatives/ carers **Policies and Procedures** • Complaints procedure • Other **Record-keeping** • Personal plans/ agreements **Staff** • Training/qualifications • Levels • Other **Privacy and Dignity** • Privacy and Dignity **Choice** • Care and Treatment • Activities

Enforcements

Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services.

There were no enforcements put in place for any Dundee service during 2025-26.

CONTINUOUS IMPROVEMENT

There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves service providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach eg effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed.

Care Home Services

The care home team continues to support all older peoples' care homes in Dundee through support from RGN's, RMN's, social workers and an occupational therapist. In the past 12 months the RGN's within the team have undertaken training to now be able to complete Do Not Attempt Resuscitation documentation for residents who wish to have this in place. This has reduced delays in the completion of this as previously GPs would be required to complete this.

The RMN's now have a more streamlined referral process which is ensuring that residents and care home staff are supported more quicky with regards to distressed behaviours, assessments and medication intervention where required.

The social workers along with the Integrated Manager have streamlined a number of processes including requests for 1:1 additional support and Enhanced Support processes for when there are increases in notifications for significant events from care homes. These processes have significantly improved early intervention.

<u>Local Authority Care Homes</u>
Turriff House and Mackinnon Centre now have processes in place to support self-funding service users to access their respite services. This has allowed greater equality in terms of access to services.

Mackinnon Centre has also began trials with Royal Victoria Hospital to support some intermediate care after discharge. This will allow for a period of settlement and final assessment before adults with physical disabilities fully return home which will ensure appropriate supports are in place and will reduce likelihood of re-admission to hospital.

Menzieshill House continues to be industry leading with inter-generational work in Scotland by creating links with various schools, nurseries and other child-based centres. This has now expanded to partnering with a martial arts group who are trialling how this sport can help improve residents' mobility, function and mental health.

DHSCP

Colleagues from across the partnership continue to meet at a variety of platforms to support care homes. In the past 12 months, significant work has been undertaken with regards to reviewing criteria for admission to residential or nursing care homes which will improve outcomes for people.

Significant work has been and continues to be undertaken to improve the hospital discharge experience for residents returning to care homes. This has included an educational video for NHS staff who are involved in discharges to help them understand why smooth transitions are vital.

Work has been undertaken to try to encourage GP alignment for care homes. This will reduce the volume of GPs each individual care home has to work with for their residents. Benefits of this will be a better understanding for GPs of residents' needs and medical history but also smoother reprocesses for the ordering and receiving of medications.

Scottish Care

The Independent Sector Lead for Dundee from Scottish Care continues to work in close partnership with the partnership. These links have enhanced the Provider forums which take place on a monthly basis with quarterly education / information's sessions now taking place.

The Independent Sector Lead has now a fully established Dundee Activity Network which brings residents of care homes together four times per year for festive activities in conjunction with Leisure Dundee. This brings benefits to residents' needs and stimulation.

The recruitment issues within the sector have led to the Independent Sector Lead working closely with the developing young workforce section based within secondary schools in the city. A pilot was held in 2025 where pupils were given the opportunity to undertake care home related tasks, understand more about the environment and meet residents from homes in the hope this will encourage them to pursue a career within the Social Care Sector.

Care at Home/Housing with Care Services

During 2025-26 an invitation to tender was advertised via Public Contracts Scotland for suitable providers to join the care and support framework for the provision of services for the period from 9 September 2025 to 31 March 2029. This led to an increase in the number of providers on the framework from 22 to 35 providers. In addition to the provision of care at home, support and respite at home (for the supported person), a new service type was introduced – respite for carer. Three new providers who joined the framework are now delivering services in Dundee.

Following the framework contract awards, the allocation process was reviewed and a new terms of reference was drawn up to support the process, to ensure allocations are made as efficiently as possible by filling gaps that have already been paid for. Any new packages of care that are allocated outside of the paid gaps are being made in a fair and transparent manner as detailed within the terms of reference.

The level of unmet need continues to remain low whilst budgetary pressures are being managed, by focusing on providing services to people in line with their social work assessment of need and eligibility criteria within gaps in existing runs wherever possible.

Two new Housing with Care developments were progressed during the year, with Bield Housing & Care having been identified for the provision of Housing with Care at Rockwell Gardens and Hillcrest Futures having been identified for Doon Place. Rockwell will be a transfer of service provision from the internal social care team and will mainly be for older people, with Doon Place being a new service development for younger adults with more complex needs.

Care At Home/Housing Support (LD & MH)

During 2025-26 work has continued on Strategic Housing Investment Plan (SHIP) developments. These are new housing developments which provide supported accommodation to tenants who have a variety of assessed support needs and who have either a learning disability or mental health needs. One development was completed and handed over to the Partnership in March 2026.

Support providers are identified/ agreed via the Dundee Collaborative Group, which uses a partnership working approach to decision-making and is viewed positively by providers involved in the process.

Quarterly contract meetings were held throughout 2025-26 to monitor the provision of commissioned mental health and learning disabilities service areas. These involved all relevant stakeholders. In addition to these individual meetings there are also budget meetings with key Partnership colleagues, and these have a wider focus on budgets across this service area. Information is shared and there are ongoing workstreams to look at areas of improvement and/or development.

In 2024-25 a Test of Change was implemented to support individuals pre- and post- diagnostic support to individuals with Autism, as well as those not seeking a formal diagnosis, and who may not be meet thresholds for receiving support from other commissioned services. The service is intended to address a gap in need and provide direct support as well as signposting individuals to other supports available across the city and work in partnership with other stakeholders to achieve this. A coordinating group meets regularly to support the ongoing development and evaluation of the service. In 2025/26, the Test of Change was extended in duration (until the end of September 2026) and in scope, to include two part-time Peer Worker posts, which were identified by the coordinating group as aligned with the aims and objectives of the Test of Change. The service continues to strengthen links with statutory and other third sector provision across Dundee, and support individuals on the Tayside Adult Autism Consultancy Team (TAACT) waiting list and is complementary to ongoing work developing the Neurodevelopmental Pathway.

APPENDIX A
DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP
CARE INSPECTORATE GRADINGS FOR CARE HOMES IN DUNDEE - 1 APRIL 2025 TO 31 MARCH 2026

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Completed Date	KQ1 How well do we support people's wellbeing?	KQ2 How good is our leadership?	KQ3 How good is our staff team?	KQ4 How good is our setting?	KQ5 How well is our care and support planned?	Requirements	Upheld Complaint(s) received during 25-26	Enforcement / Notice of Improvement
Balcarres HC-One Limited	Care Home (Older People)	Private	29.01.26	**5**	-	**5**	**5**	-	No	Yes	No
Balhousie Clement Park Balhousie Holdings Limited	Care Home (Older People)	Private	26.06.25	**3**	**4**	**4**	**4**	**3**	Yes	Yes	No
			18.11.25	**Follow-up visit by Care Inspectorate – no change to grades**					-	-	-
			22.01.26	**3**	**3**	**3**	**3**	**3**	Yes	-	-
Balhousie St Ronan's Balhousie Holdings Limited	Care Home (Older People)	Private	02.05.25	**4**	**4**	**3**	**4**	**3**	No	No	No
			11.11.25	-	-	**4**	-	**4**	No	No	No
Ballumbie Court HC-One Limited	Care Home (Older People)	Private	**Last Inspection 08.05.24**						-	-	-
Benvie Duncare Ltd	Care Home (Older People)	Private	08.08.25	**4**	**5**	-	**4**	-	No	No	No

Bridge View Sanctuary Care Limited	Care Home (Older People)	Private	**Company name changed – New registration – No previous reports**						-	-	-
The Bughties Enhance Healthcare Ltd	Care Home (Older People)	Private	19.05.25	**4**	-	**4**	**4**	-	No	No	No
Carmichael House Carmichael House (Dundee) Limited	Care Home (Older People)	Private	29.05.25	**4**	**4**	**4**	**4**	**4**	No	No	No
Ellen Mhor Cygnet Healthcare	Care Home (Learning Dis)	Private	14.08.25	**5**	-	-	**5**	-	No	No	No
Forebank Care Home Brookesbay Care Group	Care Home (Older People)	Private	09.12.25	**5**	-	-	**5**	-	No	No	No
Harestane Care Home Priority Care Group Limited	Care Home (Older People)	Private	**Last inspected 03.12.24**						-	-	-
Janet Brougham House Dundee HSCP	Care Home (Older People)	Dundee HSCP	20.11.25	**5**	-	-	**5**	-	No	No	No
Lochleven Thistle Healthcare Ltd	Care Home (Older People)	Private	15.07.25	**Visit to follow-up on complaint investigation findings**					Yes	Yes	No
			05.12.25	**3**	**3**	**4**	**3**	**3**	Yes	No	No
McGonagall House Enhance Healthcare Limited	Care Home (Adults-ARBD)	Private	11.12.25	**4**	-	**4**	**5**	-	No	No	No
Mackinnon Centre Dundee HSCP	Care Home - Respite (Phys/Sensory Impairment)	Dundee HSCP	25.02.26	**5**	-	-	**5**	-	No	No	No
Menzieshill House Dundee HSCP	Care Home (Older People)	Dundee HSCP	**Last inspected 23.07.24**								
Moyness Care Home Balhousie Holdings Limited	Care Home (Older People)	Private	20.08.25	**2**	**2**	**3**	**3**	**2**	Yes	No	No

			05.11.25						-	-	-
			08.01.26	3	3	-	-	3	Yes	No	No
Orchar Nursing Home Orchar Care Ltd	Care Home (Older People)	Private	**Last inspected 26.07.24**						No	Yes	No
Pitkerro Care Centre Hudson Healthcare Ltd	Care Home (Older People)	Private	22.05.25	4	-	-	3	-	Yes	Yes	No
Redwood House Redwood House (Broughty Ferry) Limited	Care Home (Older People)	Private	14.10.25	4	3	4	4	4	No	No	No
Riverside View Care Home HC-One Limited	Care Home (Older People)	Private	27.08.25	3	-	-	4	-	Yes	No	No
			10.12.25	**Follow-up visit by Care Inspectorate – no change to grades**					-	-	-
Sense Scotland Dundee Respite Sense Scotland	Care Home (Learning Dis)	Private	**Last Inspected 22.11.23**						No	No	No
St Columba's Care Home Priority Care Group Limited	Care Home (Older People)	Private	03.10.25	4	4	4	5	4	No	No	No
Thistle Care Home Cygnet Social Care	Care Home (Learning Disabilities)	Private	03.07.25	4	-	-	4	-	No	No	No
Turriff House Dundee HSCP	Care Home (Older People	Dundee HSCP	09.07.25	5	-	5	5	-	No	No	No
White Top Dundee HSCP	Care Home (Learning Dis - Respite)	Dundee HSCP	**Last inspected 25.11.24**						-	-	-

KEY:

6 excellent
5 very good
4 good
3 adequate
2 weak
1 unsatisfactory

APPENDIX B
DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP
CARE INSPECTORATE GRADINGS FOR ADULT SERVICES (EXCLUDING CARE HOMES) - 1 APRIL 2025 TO 31 MARCH 2026

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	KQ1 How well do we support people's wellbeing?	KQ2 How good is our leadership?	KQ3 How good is our staff team?	KQ4 How good is our setting?	KQ5 How well is our care and support planned?	Requirements	Upheld Complaints received during 25-26	Enforcement / Notice of Improvement
SUPPORT SERVICES – WITH CARE AT HOME											
Blackwood North East Care and Support Services Blackwood Homes and Care	Housing Support Service	Voluntary	16.05.25	5	5	5	-	4	No	No	No
British Red Cross Support at Home The British Red Cross Society	Housing Support Service	Voluntary	27.08.25	5	-	4	-	5	No	No	No
Hillcrest Futures – North Grimsby/ Dundee Outreach Service Hillcrest Futures Limited	Housing Support Service	Voluntary	27.10.25	4	4	5	-	3	Yes	No	No
The Inclusion Group (Dundee)	Support Service – Care at Home	Voluntary	02.02.26	4	-	3	-	-	Yes	No	No
MM Support Dundee and Angus	Housing Support Service	Private	14.11.25	4	3	3	-	4	Yes	No	No
My Care Tayside My Care (Tayside) Limited	Support service– care at home and housing support	Voluntary	19.01.26	4	-	5	-	3	Yes	Yes	No
My Homecare (Dundee) Ltd	Support Service	Private	21.05.25	3	4	3	-	4	Yes	No	No

TayCare at Home TayCare at Home Limited	Support service	Private	26.05.25	6	-	5	-	5	No	No	No

HOUSING WITH CARE SERVICES (SUPPORT SERVICES WITH CARE AT HOME)

Dundee Housing with Care Bield Housing and Care	Care at Home/ Housing Support	Voluntary	26.05.25	4	-	5	-	4	No	No	No
Hillcrest Futures Dundee Housing with Care Service	Care at Home/ Housing Support	Voluntary	23.02.26	5	-	5	-	-	No	Yes	No

CARE AT HOME/HOUSING SUPPORT (24/7 SERVICES)

Balfield t/a Westlands	Care at Home/ Housing Support	Private	05.02.26	5	-	5	-	5	No	No	No
Carr Gomm Support Services 6	Care at Home/ Housing Support	Voluntary	24.03.26	3	2	3	-	2	No	Yes	No
Cornerstone Dundee Housing Support and Care at Home	Care at Home/ Housing Support	Voluntary	18.04.25	3	3	4	-	3	Yes	Yes	No
Dudhope Villa and Sister Properties	Care at Home / Housing Support	Private	26.11.25	4	-	4	-	-	No	No	No
Dundee City Council – Weavers Burn	Care at Home/ Housing Support	Dundee HSCP	05.03.26	5	5	5	-	-	No	No	No
Jericho Society Dundee Housing Support The Jericho Benedictine Society	Care at Home / Housing Support	Voluntary	10.10.25	4	3	3	-	-	Yes	No	No
			06.02.26	**Follow-up visit by Care Inspectorate - no change to grades**					-	-	-

The Richmond Fellowship Scotland – Dundee Services	Care at Home/ Housing Support	Voluntary	03.11.25	**6**	-	**5**	-	-	No	No	No
Sense Scotland Supported Living: Dundee 2 & Surrounding Areas Sense Scotland	Care at Home / Housing Support	Voluntary	09.06.25	**5**	-	**5**	-	-	No	No	No
Turning Point Scotland – Dundee	Care at Home/ Housing Support	Voluntary	**Complained received and upheld 08.05.25**						-	Yes	-

KEY:

6 excellent
5 very good
4 good
3 adequate
2 weak
1 unsatisfactory

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APPENDIX C
DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP – CARE HOME SERVICES
CARE INSPECTORATE REQUIREMENTS 2025-26

Date of Inspection	Name of Org/Service	Service Type	How well do we support people's wellbeing	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
26.06.25	**Balhousie Clement Park**	**Care Home - Private**	**3**	**4**	**4**	**4**	**3**
Requirement 1 By 30 September 2025, the provider must ensure that service users are safe from harm by administering medication safely. In particular, the provider must at a minimum: a) Ensure that medication administration records are completed accurately. b) Ensure that monitoring arrangements are responsive to any errors in the administration or recording of a service user's medication. c) Ensure that the effectiveness of pain medication is evaluated and people receive pain medication promptly. **Requirement 2** By 30 September 2025, the provider must promote the health, welfare, and safety of those who use the service by ensuring that all care plans and risk assessments are accurate and up-to-date. Inspection report for Balhousie Clement Park page 8 of 12 Inspection report To do this, the provider must, at a minimum: a) Accurately reflect the current health and care needs of the person and accurately describe the support required to meet those needs; b) Accurately identify any risks to the person's health and wellbeing and include an assessment of those risks and the steps that are to be taken to reduce or mitigate them; and c) Are reviewed every six months, or more often if required, with the person and/or their representative.							
18.11.25	**Follow-up visit**		**3**	**-**	**2**	**-**	**-**
Requirements 1 and 2 above – not met							
22.01.26	**Follow-up visit**		**3**	**3**	**3**	**3**	**3**
Requirement 3 By 13 April 2026, you must ensure that the care service is led and managed in a manner that results in peoples' health, safety and wellbeing needs being met. In particular you must ensure that: a) The quality of service users' care and the environment must be continuously assessed by knowledgeable, skilled and compassionate staff in leadership roles using a range of methods. This may include but is not limited to observation of peoples' care experiences, observation of staff practice and communication, seeking people's and staff views and review of care. b) Where quality assurance identifies areas for improvement, leaders must take action and make any achievable improvements to peoples' care and the environment at the time. This may include but is not limited to role-modelling, providing feedback, direction and guidance to individuals or groups of staff and reviewing peoples' care plans. c) The quality assurance must be used to identify any further staff training or support that is necessary to ensure service users' health, safety and wellbeing needs are met. d) Action planning must be used to assist the service to plan, make and measure improvement. This must include putting in place reasonable timescales for completing and measuring the impact of improvement activities on people's experiences and outcomes.							
Requirement 4 By 16 March 2026, the provider must ensure that staff are deployed in sufficient numbers and with the right mix of skills, knowledge, and experience to meet the assessed needs of people experiencing care at all times. To achieve this, the provider must: 1. Ensure staffing levels and deployment are planned, reviewed, and adjusted based on the needs of people using the service.							

2. Review and improve the skill mix to ensure staff have the appropriate skills and competence to support people safely and effectively.
3. Ensure all staff working in the service understand their roles and responsibilities and are identifiable to people experiencing care.
4.Monitor and evaluate the impact of staffing arrangements to ensure they result in positive outcomes for people.

Requirement 5
By 30 June 2026, the provider must ensure that the environment supports people's wellbeing, independence and outcomes. To achieve this, the provider must at a minimum:
1. Carry out a full assessment of the Discovery Suite to identify environmental areas requiring improvement.
2. Develop and implement a comprehensive improvement plan that ensures the environment meets people's needs, promotes independence, and creates a safe, welcoming, and enabling setting.
3. Involve key stakeholders—including people experiencing care, staff, and relevant professionals—in the assessment, planning, and evaluation of improvements.

Requirements 1 and 2 above - not met

15.07.25	**Lochleven**	**Care Home - Private**	**Complaint Investigation follow up inspection – requirement made on 5 May 2025 not met**				
05.12.25			**3**	**3**	**4**	**3**	**3**

Requirement 1
By 13 February 2026, you must ensure that service users experience a service which is well led and managed and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes. This must include but is not limited to ensuring that:
a) the quality assurance systems and processes in relation to care planning and risk assessments are further enhanced. To do this, the provider must ensure that senior management clearly identify areas for improvement, take prompt action to address indications of poor care provision, and ensure improvements are sustained
b) effective action planning takes place within reasonable timescales which addresses identified areas for improvement.

Requirement 2
By 12 December 2025, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular, you must:
a) take prompt action to replace any equipment that is not fit for purpose without delay.

Requirement 3
By 13 February 2026, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records. To do this, the provider must, at a minimum:
a. ensure care plans accurately and consistently reflect the current health and care needs of the person
b. ensure risk assessments accurately reflect any identified risks to the person's health and include an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks
c. ensure people/their representatives are included in care planning reviews and decisions.

The requirement made on 5 May 2025 and extended at the visit on 15 May 2025 has now been met outwith timescale.

20.08.25	**Moyness Care Home**	**Care Home - Private**	**2**	**2**	**3**	**3**	**2**

Requirement 1
By 31 October 2025, the provider must ensure that the care service is led and managed in a manner that results in people's health, safety, and wellbeing needs being met. In order to achieve this you must:
a) Establish and clarify the roles and responsibilities of all staff providing leadership and/or care across the service and ensure this is shared and understood by all staff.

b) Establish clear communication processes and systems to share information about people's current or changing needs on a daily basis. This should include, but is not limited to, wound care, falls, nutrition, infections, and medication.
c) Establish clear clinical oversight in relation to care planning and delivery of treatment and care. This may include, but is not limited to, observation of people's care experiences, observation of staff practice and communication, and regular review/audit of care plans, daily notes, and records.
d) Ensure that referrals are made promptly to the relevant health professional.

Requirement 2
By 31 October 2025, the provider must ensure that people experience care in an environment that is safe, well maintained, and minimises the risk of infection. In order to achieve this the provider must:
a) Ensure that the premises, furnishings, and equipment are clean, tidy, and well maintained.
b) Ensure that processes, such as enhanced cleaning schedules and regular quality assurance checks, are in place and effective to ensure that the environment is consistently safe and well maintained.
c) Ensure that safe infection control practices are adhered to by all staff at all times.
d) Ensure there is sufficient stock of PPE, including masks, which is stored appropriately to minimise the risk of infection.
e) Ensure that clinical waste is stored safely and disposed of in a manner which takes account of the most up-to-date guidance from Public Health Scotland.

Requirement 3
By 31 October 2025, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing requirements of people receiving care are met and that they experience positive outcomes. To do this, the provider must, at a minimum:
a) Implement audits which enable the quality of the service to be monitored and which identify areas for improvement.
b) Ensure any identified areas for improvement are addressed without delay.
c) Ensure there is always appropriate and effective leadership of the service.

2 outstanding requirements from a previous visit were not met therefore timescales extended

05.11.25	**Follow up inspection**	**No change to grades**

Requirement 4
By 5 January 2026, the provider must ensure that the administration of medication is safely managed in a manner that results in people's health, safety, and wellbeing needs being met. To do this, you must, at a minimum:
1. Ensure that medication prescribed to service users is available within the service at all times
2. Put in place, and implement, a system to audit the quality of medication records to ensure that prescribed medication is administered as directed and in accordance with a service user's individual needs 3. Demonstrate that monitoring arrangements are capable of identifying any errors in administration, or recording, of a service user's medication and that appropriate actions are taken to address such errors
4. Ensure that clear, personalised protocols are in place in relation to as required medications
5. Ensure appropriate assessments are undertaken to assess people's pain and that appropriate pain relief is provided.

Requirement 5
By 5 January 2026, the provider must ensure that people's moving and handling needs are safely managed in a manner that results in people's health, safety, and wellbeing needs being met. To do this, you must, at a minimum:
1. ensure that all staff are appropriately trained and competent in safe moving and handling practices.
2. ensure that's people's mobility and safe moving and handling needs are fully assessed and care planned. 3. Put in place, and implement, a system to audit the quality of moving and handling practices to ensure that all moving and handling is carried out as directed and in accordance with a service user's individual needs

Requirement 2 above met with the others remaining outstanding and timescale extended to 5 January 2026

08.01.26	**Follow up inspection**	**3**	**3**	**-**	**-**	**3**

All requirements met with the exception of requirement 1 above and another outstanding from a previous inspection (see below)
Requirement 6 By 22 June 2025, the provider must make proper provision for the care and support needs of service users. In particular, the provider must: a) Ensure the regular assessment of need and associated risks. b) Ensure care planning which fully directs the care team as to how individual's needs should be met. c) Ensure the regular review of the care plan to ensure it remains reflective of the individual's needs. d) Ensure regular audit of care records to confirm care is provided in accordance with the care plan. e) Ensure changes in the individual's condition, such as significant weight loss, prompts a review and change to the delivery of care. To be completed by 22 June 2025.

22.05.25	**Pitkerro Care Centre**	**Care Home - Private**	**4**			**3**	
Requirement 1 By 30 July 2025, the provider must ensure that people living upstairs are able to access outdoor space as they wish. To do this, the provider must, at a minimum ensure that: a) The lift is replaced and is fully functioning. b) Implement effective contingency measures to reduce the impact of the lift being out of order.							

27.08.25	**Riverside View**	**Care Home - Private**	**3**			**4**	
Requirement 1 By 17 September 2025, the provider must ensure that service users are safe from harm by administering medication safely and effectively. To do this, the provider must, at a minimum: a) ensure that people receive their time critical medications, at the prescribed time b) ensure that medication administration records are completed accurately.							
10.12.25	**Follow up inspection**	**No change to grades**					
All outstanding requirements met from above and previous inspections							

Legend:
- **6** excellent
- **5** very good
- **4** good
- **3** adequate
- **2** weak
- **1** unsatisfactory

APPENDIX D
DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP - ADULT SERVICES (EXCLUDING CARE HOMES)
CARE INSPECTORATE REQUIREMENTS 2025-26

Date of Inspection	Name of Org/Service	Service Type	How well do we support people's wellbeing	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
27.10.25	Hillcrest Futures – North Grimsby/ Dundee Outreach Service	Housing Support Service – with care at home Private	4	4	5	-	3
Requirement 1 By 12 January 2026 the provider must ensure people's outcomes are being met based on their assessed care and support needs, which are accurately reflected in people's personal plans. This should include, but is not limited to: a) Ensuring that six monthly reviews of people's care and support are carried out, which involve people and their legal representatives where required. b) Legal information is up to date and current, and clearly identifies people's legal representatives. c) Ensuring that support documentation and risk assessments are up to date and include any changes in support, instructions from external peripatetic professionals, and that these are relayed to all relevant staff.							
02.02.26	The Inclusion Group (Dundee)	Support Service – care at home Private	4	-	3	-	-
Requirement 1 By 31 March 2026, the provider, must ensure that people are kept safe by ensuring; - people are supported by staff who have been recruited in line with best practice and current legislation in Scotland. - that staff are aware of their responsibilities to apply to register with the Scottish Social services Council (SSSC) and to be registered within set timescales.							
14.11.25	MM Support Dundee and Angus	Housing Support Service Private	4	3	3	-	4
Requirement 1 By 30 January 2025, the provider must ensure that staff are recruited safely to ensure that people using the service are kept safe. To do this, the provider should follow the 'Safer Recruitment Through Better Recruitment (2023)' guidance document. This includes, but is not limited to: a) Ensuring right to work checks, Protection of Vulnerable Groups (PVG) checks, and, if necessary, overseas police checks have been completed prior to employees commencing work. b) Ensuring satisfactory employment references and, if necessary, character references are received prior to employees commencing work.							
19.01.26	My Care (Tayside) Limited	Support Service – with care at home and	4	-	5	-	3

		housing support Private					

Requirement 1
By 15 June2026, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records. To do this, the provider must, at a minimum:
a) ensure care plans accurately and consistently reflect the current health and care needs of the person
b) ensure risk assessments accurately reflect any identified risks to the person's health and include an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks
c) ensure that reviews are completed six monthly in accordance with legislative requirements or when there are changes in a person's needs
d) ensure the management team implements an ongoing quality assurance system which creates effective oversight in monitoring the quality of reviews, risk assessments and updated care plans.

21.05.25	**My Homecare (Dundee) Limited**	**Support Service Private**	**3**	**4**	**3**	**-**	**4**

Requirement 1
By 31 August 2025, the provider must demonstrate that safe systems are in place for the management and administration of medication. In particular:
- where support is required, the provider must ensure medication is administered at regular intervals as instructed by the prescriber and in line with the residents' lifestyle and daily routine.
- the provider must ensure staff are appropriately trained and supported in medication management.
- the provider must ensure that in the event of errors, staff seek advice and guidance from the prescriber or other appropriately qualified practitioner.
- the provider must ensure that there is robust oversight of medication errors that highlight what improvements are required.

Requirement 2
By 31 August 2025, the provider, must ensure that people are kept safe by ensuring people are supported by staff who have been recruited in line with 'Safer Recruitment Through Better Recruitment' 2023 guidance and current legislation in Scotland. In order to achieve this, the provider, must at a minimum: - demonstrate that all staff are being recruited in line with best practice guidance in order to meet legal and regulatory requirements.

18.04.25	**Cornerstone Dundee Housing Support and Care at Home**	**Care at Home/ Housing Support Service**	**3**	**3**	**4**	**-**	**3**

Requirement 1
By 24 October 2025, the service must make sure that there are appropriate and quality assurance systems in place to ensure that the health, safety, and wellbeing requirements of people receiving care are met, and that they experience positive outcomes. To do this, the provider must, at a minimum:
a) implement audits which enable the quality of the service to be monitored and which identify areas for improvement
b) ensure any identified areas for improvement are addressed without delay
c) ensure appropriate and effective leadership of the service at all times.

Requirement 2
By 24 October 2025, extended from 02 November 2024, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records. To do this, the provider must, at a minimum:
a) ensure care plans accurately and consistently reflect the current health and care needs of the person with priority given to nutrition and dietary requirements
b) ensure risk assessments accurately reflect any identified risks to the person's health and includes an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks
c) ensure that all staff are confident and competent operating electronic systems which are used to document care plans, reviews, and risk assessments
d) ensure the management implements an ongoing quality assurance system which creates effective oversight in monitoring reviews, risk assessments and updated care plans.

A requirement from a previous inspection remains in part unmet therefore the timescale has been extended for the provider to meet all parts of the requirement.

10.10.25	**Jericho Society Dundee Housing Support**	**Care at Home/ Housing Support**	**4**	**3**	**3**	**-**	**-**

Requirement 1
By 31 January 2026, to ensure people are kept safe and well, the provider must report all notifiable events to the Care Inspectorate in accordance with the established guidance in: 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

Requirement 2
By 31 January 2026, the provider must ensure that mandatory PVG or disclosure checks are completed in accordance with legislation and that recruitment is conducted in accordance with best practice guidance. The provider must at a minimum:
a) Ensure that recruitment practice meets legal requirements and follows best practice guidelines including the Care Inspectorate / SSSC safer recruitment through better recruitment good practice guidance and the Scottish Council for Voluntary Organisations good governance recruitment guidelines.
b) Ensure that all PVG checks are conducted before individuals assume their position and have unsupervised access to people using the service.

06.02.26	**Follow-up inspection**	**No change to grades**

Requirements 1 and 2 remains outstanding – to be address by the new provider once they assume responsibility for the service.

Legend:
6 excellent
5 very good
4 good
3 adequate
2 weak
1 unsatisfactory

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