Osprey Court Care Home
Care Home Service

Old Course Road
Alyth
Blairgowrie
PH11 8FL

Telephone: 01628662888

Type of inspection:
Unannounced

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Service provided by:
Priory CC102 Limited

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About the service

Osprey Court Care Home is a care home for older people, including those living with dementia. The service is located in Pitcrocknie village, adjacent to the town of Alyth.

The service is registered to provide care for up to 60 people. At the time of the inspection, 15 people were using the service.

The service is provided in a purpose-built building. Each bedroom has en-suite facilities. There are a range of communal and private spaces available to support people's needs and preferences.

About the inspection

This was an unannounced inspection undertaken 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 eight people using the service and five of their family members
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals
- reviewed three inspection questionnaires from staff
- reviewed four inspection questionnaires from family members and representatives

Key messages

- People were well presented and looked well cared for
- Staff demonstrated kindness in their day-to-day interactions, and people told us they felt well supported
- People benefited from a warm, comfortable and welcoming environment
- Staff understanding of stress and distress needs to improve to better support people's emotional wellbeing
- Leadership had recently changed within the service, and staff welcomed these changes
- Leaders were in the early stages of developing oversight systems
- Aspects of the environment would benefit from being more dementia friendly to better support people
- Staff required further training in the use of systems

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 good is our setting?	4 - Good
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

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People were well presented and looked well cared for. It was evident staff supported people to present well and choose outfits that reflected their individuality and preferences. People benefited from access to a hairdressing salon, which they could attend regularly. This supported people's dignity, confidence and sense of identity.

We observed calm and respectful interactions between staff and those experiencing care, and people appeared comfortable and at ease in their surroundings.

Staff demonstrated kindness in their day-to-day interactions, and people told us they felt well supported. One person shared, "the staff can't do enough for me," and another said, "the staff are wonderful."

However, we identified some inconsistencies in how some staff understood and responded to people experiencing stress and distress. In one example, staff did not recognise stress and distress as a form of communication or demonstrate a clear understanding of the person's needs. Although specialist guidance and support had been sought, staff did not always demonstrate confidence in applying this in practice. This meant people's emotional wellbeing was not always fully supported (see requirement 1).

We identified concerns in how staff described and recorded some information about people. Some recordings fell below the standards we would expect. Feedback from a visiting professional supported this and reflected similar observations. We concluded that values-based practice was not always consistently demonstrated across the staff team. This meant people experiencing stress and distress were not always supported in a way that promoted their dignity, emotional wellbeing or rights (see requirement 1).

People generally received the right medication at the right time. However, we identified some inconsistencies in how medication systems were applied in practice. For example, one medicine had not been stored in line with guidance, and topical creams were not always dated when opened. This meant medication guidance was not always followed in practice. Staff also told us they did not always feel confident using the electronic medication system (eMAR). One staff member said they "could really do with more training," and another described the system as "daunting." This may affect how effectively staff support people. Leaders had already identified this as an area for development and had immediate plans in place to provide additional training (see area for improvement 1).

Mealtimes were calm, sociable and pleasant. Staff supported people well. Food was nutritious, fresh and well presented. People told us they enjoyed the food and that staff listened to their preferences. The service had good oversight of people's dietary needs. Staff used information, including nutritional passports, to guide care and ensure people received appropriate support. People were offered choices, and alternatives were available. People's nutritional needs and preferences were recognised and met, supporting their health and wellbeing. One person said "I've put on a lot of weight since living here". People were well hydrated. Staff regularly offered drinks and supported people to maintain fluid intake.

Staff recognised changes in people's health and made appropriate referrals to healthcare professionals. This meant people received timely access to healthcare support. Families told us communication was good and that they felt reassured.

People had access to a range of meaningful activities. Staff supported both group and individual activities, including exercise sessions and social groups. People and families told us these were valued, and opportunities such as celebrations and community links enhanced people's wellbeing.

Requirements

1. By 14 September 2026, the provider must ensure that staff provide care and support in a compassionate, respectful and person-centred way, particularly when supporting people experiencing stress and distress.

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

a) ensure staff have the knowledge, understanding and skills to recognise and respond appropriately to people experiencing stress and distress

b) ensure staff demonstrate a clear and consistent understanding of people's needs and apply guidance from care plans and external professionals in practice

c) ensure staff communicate in a respectful and compassionate way in all aspects of their work

d) ensure that all staff successfully complete equalities and values training, and that measures are put into place for such training to form part of the ongoing training plan for the service

This is to comply with Regulation 4(1)(a) and (c) (Welfare of users) 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 which state that:
'I am accepted and valued whatever my needs' (HSCS 1.1)
'My human rights are protected and promoted' (HSCS 1.2).

Areas for improvement

1. To support people's safety and wellbeing, the provider should ensure staff have the knowledge, skills and competence required to carry out their roles effectively.

This includes: staff receive appropriate training in key areas of practice, including medication and the use of systems

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:
'I am confident that people are trained, competent and skilled' (HSCS 3.14).

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Leadership had recently changed within the service, and staff welcomed these changes. Staff consistently described the new leadership as "a great step forward" and that they could already see improvements. Comments included "very positive" and "we can see the improvements already." Staff told us they felt more supported, and one staff member said, "I personally feel more supported since the recruitment of our new manager, they are very approachable."

Leaders were visible and responsive throughout the inspection. We saw them present within the service, engaging with staff and providing support. Staff told us they could approach leaders. This demonstrated that leaders had begun to improve staff morale, and create an open and supportive culture.

Leaders sought feedback from people, families and staff and used this to inform improvement. People told us staff listened to them and responded to their preferences. For example, one person told us they had requested changes to their meals, which had been acted upon promptly. This demonstrated that leaders valued feedback and used it to improve outcomes for people.

Leaders were in the early stages of developing oversight systems. We saw monitoring of risks, such as falls and pressure care, and leaders had implemented audits to review aspects of care. However, leaders had not yet embedded consistent and effective oversight across the service.
This meant oversight was not yet applied consistently across all areas of the service, reflecting that systems were still developing (see area for improvement 1). Leaders recognised this and were actively working to strengthen oversight arrangements at the time of the inspection.

Leaders in the service did not always have clear roles and responsibilities. Leaders acknowledged this and told us they were still clarifying expectations following recent changes. This meant leadership was not always applied consistently, which affected how effectively the service was managed (see area for improvement 1).

We identified areas for improvement in how accidents and incidents were recorded and reviewed. Staff had only recently received access to the system and did not yet use it consistently. We saw some gaps in oversight, including records that had not been reviewed or signed off and delays in leadership response. This meant we could not be assured that incidents were always recorded, reviewed and responded to consistently and in a timely way (see area for improvement 1).

Areas for improvement

1. To support people's safety and wellbeing, the provider should ensure governance and oversight systems are consistently implemented and effective in practice.

This includes:
- accidents and incidents are appropriately recorded, reviewed and acted upon
- staff have the knowledge and skills to use systems effectively
- leadership roles and responsibilities are clearly defined to support consistent oversight

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:
'I am confident that people are trained, competent and skilled' (HSCS 3.14)
'I am safe and protected from harm' (HSCS 3.20).

How good is our staff team? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staffing levels were sufficient at the time of inspection. As this is a newly registered service, people were still moving into the service. Staff were visible and responded to people timeously. Staff demonstrated kind and compassionate interactions with people, and people appeared comfortable in their care We observed staff worked calmly and were available to support people throughout the day.

Staff told us they had received a good induction, which prepared them for their roles. This supported staff to understand their responsibilities and deliver care appropriately.

Staff generally worked well together and supported each other in delivering care and support. However, we had concerns about how consistently staff understood and supported people experiencing stress and distress (see requirement 1 in 'How well do we support people's wellbeing?).

Staff were not confident with some of the systems used in day to day practice, such as medication and the system used to report accidents and incidents. This meant staff were not always confident in using systems to support their role, which could impact how effectively they respond to people's needs (see area for improvement 1 in 'How well do we support people's wellbeing? and area for improvement 1 in 'How good is our leadership?').

Leaders had identified gaps in nursing clinical knowledge and had completed a training needs analysis with staff to address this (see Area for Improvement 1 in 'How well do we support people's wellbeing?'). This meant leaders had recognised gaps in knowledge and had begun to take action; however, this work was in its infancy and had not yet resulted in consistent improvement in practice.

How good is our setting? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefited from a warm, comfortable and welcoming environment. The care home was clean and tidy, with no intrusive noises and was fresh and bright. We observed a relaxed atmosphere, and people appeared comfortable and at ease in their surroundings. The quality of furnishings was high, with homely touches that supported a sense of comfort and belonging.

People's bedrooms were clean and fresh and maintained to a high standard. Rooms were personalised with items that reflected people's preferences and identity. We observed people choosing to spend time in their bedrooms, which supported their privacy and dignity.

People could also choose to use a range of communal and private areas. These included lounges, a café, a library, private dining areas, a cinema room and outdoor seating. This supported choice, independence and

opportunities for both social interaction and quiet time. One family member told us, "it's great as it feels like we are actually going out for a coffee," and another said, "it's private and we can chat freely here."

People were actively involved in sharing their views about the environment through resident meetings and informal feedback. People and families told us the grounds needed attention, with one family member commenting, "the grounds could do with TLC." We observed during the inspection that the grounds required maintenance, which reflected the feedback shared. Leaders responded to this feedback and confirmed that improvement works were due to begin shortly. This showed that leaders listened to feedback; however, the outdoor environment had not always been maintained to a standard that supported a pleasant and inviting space for people (see area for improvement 1).

The service designed the layout to support people, including a circular design overlooking a courtyard. A professional told us, "the environment is beautiful and finished to a high standard." However, they also highlighted that the environment was not completely dementia-friendly, for example, due to a lack of clear signage and visual cues to support orientation. We also observed limited use of dementia-friendly design features, such as contrasting colours and orientation aids. This meant the environment did not consistently support people to orientate themselves or maintain independence, particularly for those living with dementia or sensory impairment (see area for improvement 2).

Leaders had arrangements in place to support maintenance. A new maintenance staff member had recently started, and we saw them carry out checks and begin to develop systems. While we saw checks taking place, the new staff member was in the process of bringing these into a more structured and consistent system. As the care home is a new build, the provider is still transferring warranties and certification from the builder, and leaders have not yet fully embedded these processes into practice. This demonstrated that leaders had implemented and were strengthening maintenance arrangements to support the ongoing upkeep of the environment (see area for improvement 1).

Areas for improvement

1. To support people's wellbeing, the provider should ensure maintenance systems and outdoor areas are consistently maintained and systems are embedded in practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:
'I experience an environment that is well looked after' (HSCS 5.22)
'I am safe and protected from harm' (HSCS 3.20).

2. To support people's independence and wellbeing, the provider should ensure the environment promotes independence and orientation for people living with dementia.

This is to ensure that care and support is consistent with recognised good practice, including the King's Fund document, "Is your care home dementia friendly? Enhancing the environment".

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:
'I can move around the environment safely and independently' (HSCS 1.7)
'I experience an environment that is well designed and supports my needs' (HSCS 5.1).

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

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People had care plans in place which included relevant information about their needs, preferences and life history. We saw examples of good detail relating to people's likes and dislikes, which helped staff to understand people.

Legal documentation was in place, which supported staff to understand and respect people's rights and decisions. This meant staff had access to important information to support people in a personalised way and deliver care in line with their preferences. Families told us they felt consulted and involved.

However, we identified inconsistencies in the quality of recording within documentation. Some language used to describe people did not reflect a compassionate or respectful understanding of their needs and experiences (see requirement 1 in 'How well do we support people's wellbeing?').

We found that reviews of care plans were not always up to date for some people. This meant we could not be confident that care and support consistently reflected people's current needs and wishes. The service recognised this and had begun to take action to ensure care plans were reviewed and updated more consistently (see area for improvement 1).

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure people receive regular and timely reviews of their care and support, including in line with statutory requirements.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:
'My personal plan is right for me' (HSCS 1.15)
'My care and support meets my needs and is right for me' (HSCS 1.19).

Complaints

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

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 good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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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Care Inspectorate
Compass House
11 Riverside Drive
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