Oakbank Care Home
Care Home Service

Countess Gardens
Crieff
PH7 3DP

Telephone: 07354902670

Type of inspection:
Unannounced

Completed on:
3 June 2026

Service provided by:
Priory CC80 Limited

Service provider number:
SP2024000611

Service no:
CS2025000047

About the service

Oakbank Care Home is a purpose built home for older people situated in a residential area of Crieff. It is close to local transport links, shops and community services. The service provides care to a maximum of 69 older people over the age of 65 years and one named adult under 65 years. All bedrooms have ensuite shower facilities.

The home is split into seven communities over two floors. Each community has their own living, dining and kitchen areas. At the time of the inspection four communities were in use.

The ground floor café is available for everyone, including visitors, to use and there is a cinema room on the first floor. There is ample outdoor space. The service has a well-tended, enclosed garden area including a vegetable patch for people to enjoy.

About the inspection

This was an unannounced inspection which took place on 2 and 3 June 2026. The inspection was carried out by two inspectors 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 or closely observed 20 people using the service and ten of their family members, including responses to our care service questionnaires.
- Spoke with 19 staff and management, including responses to our care service questionnaires.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

Key messages

• Care and support was based on relevant evidence, guidance, good practice and standards.

• Medication administration was safe and effective but the service needed to improve the process of ensuring topical medicines were in date and safe to use.

• Leaders demonstrated a strong understanding of the service and maintained oversight of performance and risk.

• The layout of the setting and quality of fittings supported people's outcomes and provided a warm and friendly environment for people to spend time together.

• Further improvements were needed in ensuring people's future care and support needs were anticipated as part of their assessment.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing? 5 - Very Good

We found significant strengths in the care provided which supported positive outcomes for people, therefore we evaluated this key question as very good.

Care and support was based on relevant evidence, guidance, good practice and standards. People benefitted from regular health screening and assessments and were referred to health professionals when required. There was a clear record of referrals and appointments along with results and outcomes which supported ease of reference for staff. Staff were organised and the team culture encouraged all levels of staff to feel confident asking questions and passing on information about people's care and support needs. This meant people living in the service could be confident staff would recognise and respond promptly to their health and wellbeing needs.

Medication administration was safe and effective. Medication administration recording sheets were completed fully and staff used the appropriate codes when a medicine was omitted. Staff encouraged people to be as independent as possible with taking their medicines and respectfully supported people who needed assistance. Safe systems were in place for stock control. Protocols were in place when people were prescribed medicine on an 'as required' basis, which made clear the information staff needed about when to administer this type of medicine, the desired effect and any adverse effects to look out for. When medicine was given covertly a clear pathway was in place, including the appropriate legal documents, which demonstrated staff were respectful of people's rights.

The service needed to improve processes around topical medicines. A small number of creams had not been dated when opened which meant staff could not be sure if the topical medicine remained effective. One topical medicine, which had been dated when opened, was beyond the recommended usage date as more than three months had passed. We discussed this with the leadership team who responded positively and decided to include checks on topical medicines in their daily walk round. We will assess progress at a future inspection.

There was a person-centred approach to managing falls and fractures. People living in the service had access to technology and equipment to support their independence. Staff were respectful of people's right to be independent and encouraged the use of technology and equipment to support this. Staff encouraged people to move regularly, often in a fun way, and patiently supported people to walk short or longer distances. The home participated in the 'May is walking month' step challenge and encouraged people to increase their amount of daily steps indoors and outdoors. This meant people's health and wellbeing were supported as they were encouraged to be as active as they could be.

There was a healthy attitude to eating and drinking. Meals, snacks and drinks were in plentiful supply and people could choose to eat and drink in a variety of comfortable and nicely decorated areas. Food and drink was labelled well so it was clear what was safe to consume. The dining experience was pleasant and relaxed and most people said they enjoyed the food. One person said, "the food is good; I can choose an alternative to the menu and can get snacks and drinks when I want. I won't go hungry." and another said, "the food is always good so there is no need for me to ask for an alternative." Staff were respectful and gently supported people who needed assistance with eating and drinking. We discussed with the leadership team the need to support people to feel included by ensuring people are supported with their meal without delay after it is served and that staff stay with the person until they are finished their meal. Leaders responded positively and we will review this at a future inspection.

How good is our leadership? 5 - Very Good

We found significant strengths in leadership which supported positive outcomes for people, therefore we evaluated this key question as very good.

Leaders in the service were highly visible, approachable and actively engaged in day to day practice. They led by example, modelling positive behaviours and creating a values led culture. Staff described an open door approach and told us they felt listened to and supported. One staff member said the manager "has a great heart and really cares" and another shared, "I feel valued and respected working here" which reflected a compassionate leadership approach and supported a culture of ongoing improvement.

Leaders in the service were described as approachable and responsive. However, some families felt the position of the manager's office meant contact with the manager was somewhat restrictive. One family member shared, "it's like you have to book an appointment behind that key code, it would be better if the office could be moved so we can just pop in when we like." We discussed this with the manager who advised they had already identified this as an area for improvement and we were confident this would be driven forward.

Leaders were experienced, committed and consistently placed people and outcomes at the centre of their practice. They actively sought feedback from people, families and staff through residents' meetings, relatives' meetings and surveys. Families told us they felt informed and involved, and we saw clear evidence that feedback was acted upon, for example, following discussion about laundry arrangements, the service communicated improvements to families. Action plans were developed from meetings, demonstrating a responsive approach where people's views led to meaningful change.

The service demonstrated a proactive and structured approach to improvement. Leaders used recognised improvement methods, including Plan Do Study Act (PDSA) cycles, to test and implement changes in practice. This supported a culture of continuous learning and ensured improvements were reviewed, refined and embedded over time. Staff told us their ideas were valued and acted upon. One staff member explained, "we are really listened to and our ideas are actioned; it means better outcomes for the residents." This showed that staff contributions directly influenced improvements in care.

A wide range of quality assurance systems were in place and used effectively to support oversight and drive improvement. This included audits relating to care plans, nutrition and hydration, infection prevention and control, falls and pressure care. These were carried out regularly and supported leaders to identify areas for improvement and take timely action. Action plans were clearly recorded, reviewed and progressed, which ensured improvements were implemented and monitored. This supported the effective management of risk and contributed to positive outcomes for people.

Leaders demonstrated a strong understanding of the service and maintained oversight of performance and risk. They used information from audits, feedback and day to day engagement to identify trends and make improvements. Changes were embedded in practice, and we saw evidence that these contributed to consistent and positive experiences for people.

The service had a robust system in place for managing accidents and incidents, supported by strong leadership oversight. This ensured that risks were identified promptly, appropriate actions were taken and consistently followed up, which supported people's safety and wellbeing.

How good is our setting? 5 - Very Good

We evaluated this key question as very good, where major strengths were identified and the service provided a high quality environment that consistently supported people's safety, independence and wellbeing.

The home was clean, well maintained and decorated to a high standard throughout. We observed domestic staff working consistently to maintain these standards, and people's bedrooms were clean, fresh and personalised. People appeared comfortable and at ease in their surroundings, which supported their wellbeing and sense of belonging. One person shared, "I have a beautiful bedroom" and another shared, "my room is so peaceful, I love coming here to relax."

The environment supported people, including those living with dementia, to move around safely and independently. Dementia focused environmental audits were carried out regularly, and we saw evidence of the use of the King's Fund environmental assessment tool. This demonstrated a structured and proactive approach to reviewing and improving the environment. As a result, the environment was regularly assessed and adapted to meet people's needs.

The layout and design of the building supported orientation and reduced the risk of disorientation. Clear signage was displayed throughout, with good use of contrast in colour and tone to support visibility. Lighting levels were appropriate in corridors and communal areas, and flooring and furnishings supported safe movement. This enabled people to move around the service confidently and maintain independence

While signage was generally clear, some was positioned higher than recommended guidance. Leaders had recognised this and planned to address it. This demonstrated a responsive approach to continuous improvement.

The service provided a calm and comfortable environment, with a range of communal and quiet spaces to suit people's preferences. There were a variety of areas of interest and focal points, which encouraged engagement and reduced social isolation. This contributed to a positive atmosphere and supported people's emotional wellbeing.

Access arrangements were well managed. The entrance system was discreet and easy to use, allowing staff to monitor access without causing distress. The building was fully accessible, with handrails, lifts and ramps in place. Families told us they could access the service easily, which supported ongoing involvement and connection with their relatives.

There were strong opportunities for meaningful occupation within the environment. People accessed facilities such as hairdressing, cinema room and the café and were supported to take part in daily routines, including kitchen based activities. People had access to well maintained outdoor spaces with a range of patio and seating areas available, with non slip flooring in place to promote safe access. The outdoor areas were calm, inviting and maintained to a high standard. We observed people using these spaces during the inspection, and people told us they enjoyed spending time outdoors. This demonstrated that the environment supported people to access fresh air, socialise and relax, which contributed positively to their overall wellbeing.

There was an in house café area available for people and their visitors, where refreshments could be accessed freely. This created a relaxed and homely space for people to spend time together. Families spoke positively about this, with one sharing, "it makes it very personal for us, we can help ourselves and it almost

feels like being back in (my relative's) house." This demonstrated the environment supported meaningful connections with loved ones and created a welcoming, homely atmosphere.

How well is our care and support planned? 4 - Good

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

Personal plans were dynamic documents routinely used to inform staff practice and approaches to care and support. They were reviewed and updated regularly to ensure information was up to date and accurately informed care and support. They were person-centred and reflected people's needs and wishes, with clear information for staff on how to support people to achieve their preferred outcomes. It was clear from people's care plans their rights, choices and wishes were being respected and risk assessments were used to maximise people's capacity which demonstrated a healthy approach to managing risk.

The service had made improvements in ensuring people's future care and support needs were anticipated as part of their assessment, but further improvement was needed. At a previous inspection we made a requirement about this (see 'What the service has done to meet any requirements made at or since the last inspection', requirement 2). Some people had an anticipatory (future) care plan in place and leaders had made attempts at gaining information from some people's representatives but had not yet received this. The manager had good oversight of the progress made and was aware of the improvements needed. We discussed ways the service could make it clearer what progress had been made for each individual so that all staff could easily access this information. We made an area for improvement about this (see area for improvement 1).

The service needed to improve the care planning process for people who were living in the service on a short-term basis. People had appropriate health assessments in place and the information gathered at the assessment before people came to the home was used as the person's short-term care plan. One person's assessment was incomplete with one important section being blank and others partially completed, which meant there was a risk staff would not be fully aware of the care and support needed in certain areas. Leaders had already identified the need for improvement in this area and were in the process of reviewing the care planning documentation for people staying on a short-term basis. We will review this at a future inspection.

Areas for improvement

1. The provider should ensure that care plans reflect people's needs and wishes. In order to achieve this, the provider should implement appropriate anticipatory (future) care planning for each person living in the home, including when waiting on information from people's nominated representatives or when people are living in the home for a short stay only.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14); and
'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

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

Requirements

Requirement 1

By 13 January 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 safe storage of harmful chemicals and care planning 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.

This is in order to comply with regulations 3 and 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 state that:
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 4 November 2025.

Action taken on previous requirement

The service had a robust system in place to support environmental safety and infection prevention and control. We observed that clear processes were followed consistently, with all items appropriately labelled and checked during each night shift. Items that did not meet standards were removed immediately. This demonstrated a proactive approach to maintaining a safe and clean environment.

Each unit had established systems in place, supported by staff and housekeeping teams. Housekeeping staff were further developed to undertake audits, including mattress checks and deep cleaning processes. This strengthened oversight and ensured high standards of cleanliness were maintained.

Leaders carried out regular walk rounds of the service, which included daily checks of all areas. This included storage of hazardous substances, such as chemicals, which were securely locked. Weekly walk rounds were also completed at different times of day, providing additional oversight. Regular checks were also undertaken in key areas such as kitchens and sluice rooms, alongside monitoring of nightshift practices. This demonstrated strong leadership oversight and a consistent approach to monitoring the environment. As a result, risks were identified and addressed promptly, which supported people's safety, wellbeing, and a high standard of care.

Leaders had good oversight of care planning activities and organised regular audits of care plans. Records showed at a glance, the dates care plans had last been audited and a colour coding system highlighted any that were overdue or were soon to be audited.

The service carried out a wide range of audits to support oversight and identify areas for improvement. This included care plan audits; however, these were not always fully effective in identifying inconsistencies within care plans. This meant some gaps in care planning were not identified or addressed promptly, which could impact how consistently people received care.

Met - within timescales

Requirement 2

By 13 January 2026, the provider must ensure that care plans are accurate and reflect people's health needs. In order to achieve this, the provider must implement appropriate anticipatory (future) care planning for each person living in the home.

This is in order to comply with regulation 4 (1) (a) and 2 (b) (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 (HSCS) which state that:
'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 4 November 2025.

Action taken on previous requirement
Progress had been made towards ensuring future care planning was in place for everyone living in the home. Where people were not able to inform staff of their preferences around end of life care and support, leaders had contacted their families or nominated representatives and were waiting to hear back from them. We discussed the importance of putting a future care plan in place for everyone, even if waiting on information and to record the actions taken so far to gain the information. Leaders were keen to make the further improvements we suggested.

In recognition of the progress made, we decided to meet this requirement and make an area for improvement to replace it as some work still needed to be carried out (see area for improvement 1 under 'How well is our care and support planned?').

Met - within timescales

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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