

Upper Springland Annaty Care Home Service

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Type of inspection:
Unannounced

Completed on:
11 June 2025

Service provided by:
Capability Scotland

Service provider number:
SP2003000203

Service no:
CS2003009777

About the service

Upper Springland Annaty provides a care home service for adults with a physical and/or a learning disability. It is part of a larger campus which provides residential, short break and day opportunities for adults with physical and learning disabilities. On-site resources such as a gym, rebound (trampoline) therapy, and a hydrotherapy pool are accessible for people who use the Annaty service.

The aims and objectives of the service are:

"Capability Scotland's Upper Springland service in Perth aims to enable people with a range of disabilities to lead their lives to the full by accessing specialist facilities and services whilst using community facilities where appropriate."

About the inspection

This was an unannounced inspection which took place on 2 and 3 June 2025, between the hours of 0910 and 1720 hours. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Discussed care practice and support provided with people and their relatives, and staff members.
- Spoke briefly with six people using the service.
- Spoke with four family members/representatives of people using the service.
- Spoke with five staff and management.
- Received feedback through care standards questionnaires from eight people using the service, six relatives of people using the service, and five staff members.
- Observed care practice and daily life.
- Reviewed documents.

Most people indicated that they were very happy with the general care and support provided, but felt there could be more consistent staff at times. It was noted that the service was recruiting staff and had to use agency staff to cover shortages and one-to-one support packages in the meantime. Where possible, the same agency staff were used to help ensure consistency in staffing.

Key messages

- Staff were compassionate, and knew people well as individuals. This was important as many people had specific verbal and non-verbal communication needs.
- People's direct care needs were effectively managed and there was a strong emphasis on social and recreational activities. Many people had one-to-one support packages in place, which helped the service organise events that were of interest to individuals.
- Preferred activities and interests were discussed with people and their representatives. However, in some cases people's aspirations, goals and outcomes could be more clearly stated.
- Care and support plans were comprehensive and tailored to meet individual needs. Care plans would be moving to a new electronic care planning system ('CAMI') in the near future. We heard that the 'CAMI' system had been successfully introduced into other services in the organisation and experienced managers would provide support.
- The premises were found to be clean and tidy with appropriate infection prevention and control procedures in place.
- Communal areas and bedrooms had sufficient space for people to move around, and supported the use of specialist equipment.
- The buildings were showing signs of age and general wear and tear. Nevertheless, they were well maintained. Expected improvements to the buildings need to be assessed within the context that the service will be moving to new premises in a few years' time.

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 setting?	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 aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff were compassionate, and knew people well as individuals. This was important as many people had specific verbal and non-verbal communication needs. Effective communication was central to the service's culture of promoting people's independence. Tailored methods, such as Makaton, symbols, and written language were used to good effect in helping to support this culture.

People's direct care needs were effectively managed and there was a strong emphasis on social and recreational activities. Many people had one-to-one support packages in place, which helped the service organise events that were of interest to individuals.

Preferred activities and interests were discussed with people and their representatives, and subject to review. However, in some cases people's aspirations, goals and outcomes could be more clearly stated. Where goals are delayed or not achieved these should be highlighted in care plans and reviews, and actions set out to meet them. Nevertheless, an impressive range of activities was provided. These included hydrotherapy, rebound (trampoline) therapy, trips to a car racing circuit, shopping, meals out at cafés and restaurants, musical entertainment, walks in the local area, and visits to other towns and cities. Large format computer tablets ('Tiny tablets') hosted a variety of interactive activities and games, and were used by people across the Upper Springland site. Two residents had also recently attended Perth Races and enjoyed the experience.

Care and support plans were comprehensive and tailored to meet individual needs. They set out people's wishes and preferences, along with their daily routines. People and their representatives told us that they were involved in planning and reviewing care needs. We heard that there had been delays in arranging reviews with some social workers; however, these had been scheduled for completion within a few weeks of this inspection.

Care plans would be moving to a new electronic care planning system ('CAMI') in the near future. It was anticipated that a hybrid system of new electronic and existing paper records would operate initially. Training would be provided to all staff using the new system. We heard that the 'CAMI' system had been successfully introduced into other services in the organisation and experienced managers would provide support.

People could access a range of external health and social care professionals. Contact was seen with GPs, the community mental health team (including specialist advice on supporting positive behaviour), speech and language therapists, dentists, opticians, podiatrists, and occupational therapists.

People's medicines were managed using appropriate procedures and subject to regular audit. This helped ensure that medicines were administered as prescribed.

Where people experienced stress and distress, plans were in place to manage this. Staff received training and support from external agencies to reduce the impact of people's distress reactions. This supported people to have more positive experiences in their daily lives.

The service was developing future and end-of-life care plans with the involvement of people and their representatives. End-of-life care can be a difficult subject to discuss; nevertheless, it is important to be proactive and identify people's wishes and preferences, so that their care experience can be effectively tailored to their needs and expectations at the appropriate time.

Appropriate legal frameworks were in place where people needed support to make decisions around managing their finances and welfare. This meant that people's wishes and preferences were known and used to guide the care and support provided by the service.

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.

The premises were found to be clean and tidy with appropriate infection prevention and control procedures in place.

Communal areas and bedrooms had sufficient space for people to move around, and supported the use of specialist equipment. People's rooms were decorated and furnished according to personal choice, which made their personal space feel more homely. Pleasant grounds could be accessed directly from communal and bedroom areas. At the time inspection, people were able to enjoy the good weather and fresh air, with and without assistance from staff (depending on individual abilities).

The service promoted people's engagement with the community. Regular time out to local and more distant attractions was encouraged, and visitors were welcomed. Regular on-site events and entertainment were organised, which helped make good use of the service's facilities and made people's lives more enjoyable.

The buildings were showing signs of age and general wear and tear. Their dated design meant that they did not always meet with more modern practice standards. Nevertheless, the buildings were well maintained with a clear record of repairs and maintenance checks carried out by the service's own facilities staff and external trades professionals. There was evidence of ongoing decoration and the purchase of new furniture, which helped personalise and brighten the environment.

Expected improvements to the buildings needs to be assessed within the context that the service will be moving to new premises in a few years' time. In the meantime, people will continue to live in the existing setting. Senior managers openly acknowledged this, and the need for ongoing maintenance and improvement was noted in the service's strategic plan.

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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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