

Spring Gardens Care Home Service

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Type of inspection:
Unannounced

Completed on:
3 September 2025

Service provided by:
Abercorn Care Ltd

Service provider number:
SP2003002437

Service no:
CS2007162838

About the service

Spring Gardens is a care home for older people located in the Portobello area of Edinburgh. The provider Abercorn Care Limited has been registered with the Care Inspectorate to provide care since 1 April 2011.

At the time of the inspection 18 people were experiencing care in the service.

About the inspection

This was an unannounced which took place on 27 and 28 August 2025. The inspection was carried out 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.
- Intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with seven people using the service and three of their relatives and considered five survey responses.
- Spoke with nine staff and management and considered five survey responses.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with two visiting professionals and considered two survey responses.

Key messages

- People's health and wellbeing benefitted from their care.
- People and their relatives were very positive about the support they received.
- The service worked well with other professionals to meet people's needs.
- People were supported to keep active and enjoyed meaningful connection.
- The environment was bright, welcoming, and well maintained.
- Personal plans were detailed and reviewed regularly.

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.

We observed encouraging and warm relationships, with staff taking time to interact with people at their own pace. The small staff team clearly knew people well. This meant that people benefitted from compassionate and consistent care.

Activity coordinators supported a varied activity programme which included trips out, arts, reminiscence, and music. External entertainers visited regularly. We observed people taking part and having fun. People benefitted from daily exercise classes which improved mobility and encouraged group interaction. One relative said, "There is always something going on." For more information see the section, 'What the service has done to meet any areas for improvement made at or since the last inspection.'

Visitors felt welcome within the home and spoke positively of their relatives' experience. One described the manager and staff as being, "Really compassionate. Really experienced and knowledgeable." Relatives also reported that communication with the service was very good. This showed that families were included and kept up to date about their loved one's health and wellbeing.

Staff were well trained and understood their role in supporting access to healthcare. The service monitored people's health well, kept detailed daily records and had good relationships with community services. This supported staff to quickly respond to any changes in people's health. Feedback from involved professionals was positive. This meant that people received the right treatment at the right time.

Medication systems were robust, with staff having appropriate training and good management oversight. Medication was stored securely within people's bedrooms which promoted independence. People's care plans recorded in detail what health support they required. This meant that people were kept safe.

Menus were varied and people had the opportunity to influence these at regular focus meetings. Drinks and snacks were available in communal areas at all times. Comments about the food were generally very positive. One relative said, "The food is amazing." Where people needed support to eat and drink, this was provided in a calm and respectful way. People's dietary requirements were well known to the chef. Records were kept of people's food and fluid intake when this was required. This meant that people experienced good support to maintain a healthy diet. We discussed with the manager some improvements in the mealtime experience, some of which were acted on straight away. We will follow up the other areas discussed at the next inspection.

People's personal plans and risk assessments were comprehensive and personalised. Plans were easy to follow and were reviewed regularly. People were actively involved in directing how they wished to be supported. They had the opportunity to make decisions about the home and what happened within it. One person said, "I join in the focus group meetings and can speak to the manager at any time." This showed that people were included and their opinion respected.

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 home had a warm and friendly atmosphere, and relatives we spoke with told us they were welcome to visit at any time. People could choose from a variety of communal areas, including a lounge, dining room, and conservatory. The lounge in particular had a bright and pleasant outlook. People were also able to access the enclosed patio area independently. Access to the front garden, with views of the sea, had been improved. We observed that people were supported to spend time in outside areas, which meant that they were able to get fresh air and make the most of the setting.

People's bedrooms were personalised, with decoration, photos, and furniture of their choosing, making the bedrooms unique for each person. We heard some very positive feedback from people about their rooms. One relative said, "He loves his room, loves it. He loves to sit in the outside space." People had equipment suitable for their mobility requirements and independence. Some people had chosen to be able to lock their door, and some had a fridge and drink making facilities. This demonstrated that people's choices were respected, which supported them to feel as comfortable as possible in their home.

The home was an older type building not specifically designed for people with cognitive or mobility challenges. The service had made the most of the layout and space available. We spoke with the manager about some improvements in signage that would help people to be as independent as possible and will follow this up on the next inspection.

Risk assessments had been completed, and appropriate action taken to reduce the risk of people leaving the home unsupported. We discussed with the service whether an alarm fitted to the external door continued to be required, as this caused noise pollution and did not appear to enhance existing safety measures. The manager agreed to review whether this alarm was needed.

Some improvement work had taken place to upgrade furniture and furnishings. Any maintenance issues were recorded and dealt with quickly by the onsite maintenance worker. Some further upgrades were planned due to ongoing wear and tear, which would ensure that the home retained a good standard of decoration.

The home was tidy and free from odours. Domestic staff worked hard to keep the home clean. Staff were seen to wear, use and dispose of personal protective equipment such as gloves and aprons in line with guidance. There were arrangements for the maintenance and cleanliness of the building and the equipment to ensure people were safe. This showed that the environment had been adapted, equipped, and furnished to meet people's needs and wishes.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure people are getting the most out of life, the provider should ensure that people have access to daily opportunities to engage in meaningful activity and social opportunities.

This should include but is not limited to group activities, educational opportunities, physical activity and activities people can engage in on their own.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 1.25: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.'

This area for improvement was made on 1 July 2024.

Action taken since then

Activity coordinators and visiting entertainers provided a varied programme of activities during the week, with care staff supporting additional activities in the evenings and weekends. People were able to influence what took place through focus group meetings. We saw that activities were held both inside the home and in the patio area, and that people were supported to go for local walks and for trips further afield. One person we spoke with praised the service for supporting their attendance at activities in the local community. We observed that staff took time to interact with people who preferred a quieter environment or to spend time in their room. The manager had identified that recording of these 1:1 interactions could be improved and staff were being encouraged to develop their practice in this area. On the whole we were assured that people were supported to get the most out of life.

This area for improvement has been met.

Previous area for improvement 2

To ensure people are able to enjoy their meals in comfort, the provider should ensure that people can eat their meals in a setting that supports their independence and ability to socially engage with others.

This should include but is not limited to, ensuring that furniture is supportive of people sitting and eating a meal, and communal rooms being laid out in a social manner to support meaningful conversation.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 5.23: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.'

This area for improvement was made on 1 July 2024.

Action taken since then

Residents were supported to eat their meals in a variety of settings, including in their rooms, lounge and dining room. For those preferring a quieter meal time environment, new tables had been purchased to ensure that they could eat their meal in comfort.

Changes to the layout of the lounge had been tried, however feedback from residents was that they preferred the previous layout. We observed this room being used in a way that maximised people's interaction and engagement with others. Residents did have opportunities to spend time in quieter settings which facilitated meaningful conversation.

This area for improvement has been met.

Previous area for improvement 3

To ensure people receive effective pressure ulcer prevention and management care, the provider should ensure that staff are able to identify and accurately record people's skin integrity and any changes in skin presentation. This should include, but is not limited to, ensuring that pressure ulcer prevention aids, including barrier creams are recorded in people's care plans and risk assessments, and are effectively utilised by staff when required.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 3.14: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.'

This area for improvement was made on 11 June 2025.

Action taken since then

Staff had completed training to improve their skills in maintaining and managing skin integrity, and emollient use for skin health. The manager had followed this up with further in-house training and discussion, along with checks of staff knowledge and competency. The personal plans and risk assessments we sampled contained detailed information on people's skin integrity and treatment, including the use of barrier creams. The daily notes and medication records we sampled showed that these plans were followed. The manager completed regular audits to monitor staff compliance and had good oversight of people who were experiencing skin integrity issues. Feedback from involved professionals was that the service was proactive in seeking support to manage this when required.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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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