# The Manor
# Care Home Service

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**Type of inspection:**
Unannounced

**Completed on:**
10 August 2026

**Service provided by:**
Caring Homes (Edinburgh) Limited

**Service provider number:**
SP2021000056

**Service no:**
CS2021000091

## About the service

The service is a care home providing care and support for up to 74 older people, located in Edinburgh, near to public transport and shops. Ensuite bedrooms are on the ground floor and first floor. There are a number of lounges, dining rooms and quiet rooms on the ground floor and first floor. There is also a bar on the first floor. The second floor has a hair salon, cinema, dining room and a café area with balcony. The service has an enclosed garden to the rear of the property. The service is owned and managed by Caring Homes (Edinburgh) Ltd and has been registered since June 2021.

There were 69 people experiencing care with the service during the inspection.

## About the inspection

This was an unannounced inspection which took place over four days from the 4 to 10 August 2026 between 07:00 and 15:00 in the home. 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 previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

To inform our evaluation we:

- spent time in the service and spoke to seven people living there;
- reviewed an in-house provider survey of 58 residents;
- spoke with one relative of people receiving care,
- reviewed 15 questionnaire responses from relatives;
- reviewed an in-house provider survey of 12 relatives;
- spoke with five staff and members of the management team;
- reviewed 15 questionnaire responses from staff;
- reviewed one questionnaire returned by an external professional;
- observed practice and daily life;
- sampled documents.

## Key messages

- People were looked after to a very good standard by a good staff team.

- Management processes appeared to be generally effective.

- Some small improvements were needed in the management oversight of daily care records.

- The service was in the process of completing a service improvement plan.

## 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? | 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.

There were very good health and wellbeing outcomes for people living in the service. Feedback gathered from residents and relatives was overwhelmingly positive and demonstrated that people experienced a high standard of care, support and quality of life. The service was observed to be pleasant, clean, well appointed and attractively decorated. Residents appeared well presented, comfortable and happy within their environment. One resident described the service as "Excellent", while a relative commented that the service staff "Go above and beyond". Families visited regularly, supporting people's emotional wellbeing and maintaining important relationships.

Feedback from a larger sample of relatives responding to our questionnaires showed that most were satisfied with the care and support provided. Positive comments included, "I feel my relative is safe and very well cared for", "The wellbeing team specifically is very good", "The staff keep me informed", and "There are lots of group activities going on". Although a minority of respondents suggested that more opportunities for physical activity, lighter meal options and greater involvement in service development could be considered, these views were not representative of the majority response, which remained highly positive overall.

External professional feedback indicated that very good care and support were being provided by the service. Staffing levels were considered sufficient, referrals were made appropriately and concerns were managed effectively when raised with the service.

The provider's 2026 satisfaction survey further supported these findings. Of 58 service user responses, a significant majority would recommend the service, while the majority rated the quality of care and support as excellent or very good. Relative feedback was similarly positive, with all 12 respondents rating the service as either excellent or very good.

Care plans were detailed, regularly reviewed and reflected individuals' needs. Medication management was generally effective, with "as required" medicines' protocols in place and outcomes evaluated following administration. Minor improvements were identified in documentation relating to "as required" medicines' protocols, oral care recording and repositioning records; however, these did not detract from the overall very good health and wellbeing outcomes experienced by residents.

## How good is our leadership? 4 - Good

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

During the inspection, staff feedback and observations indicated that the service was generally well managed and delivered a very good standard of care and support. Staff spoken with reported that they were happy working within the home and described management as supportive, approachable and responsive to concerns raised. Staffing arrangements were largely consistent, with only occasional reliance on agency staff, which contributed positively to continuity of care. Staff confirmed they received regular supervision and participated in team meetings, while training opportunities were available through both online and face-to-face formats. A small number of staff suggested that additional dementia-specific training would

further enhance their skills and confidence.

Feedback from a wider staff sample was mostly positive, with the majority stating that residents' care and support needs were met and that teams worked well together. While some staff felt staffing levels could be improved to reduce pressure during busy periods, and a small number expressed concerns regarding morale and support, these views were not representative of the majority opinion. Most staff remained positive about the quality of care delivered, management support and their own role within the service.

Management systems were in place to monitor the quality of care, including a range of audits and checks. Controlled drug records and the treatment room were reviewed and found to be well managed. Some improvement was needed to ensure daily records, particularly oral care and repositioning charts, were consistently completed in line with assessed needs and care plans. Care reviews were generally up to date, although a small number were overdue. While this did not present a significant concern, management should ensure reviews are completed within required timescales.

A formal service improvement plan was not in place following the transition to a new administration system and was in the process of being developed to support ongoing quality improvement. Regular checks of staff professional registrations were being undertaken appropriately. This assured us that staff were appropriately registered and management kept an accurate overview to ensure legal compliance.

## 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 support a culture of continuous improvement, the provider should ensure they have oversight of all concerns and complaints raised, and that these are fully investigated and responded to, in accordance with the provider's complaints policy and procedure.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

**This area for improvement was made on 9 September 2025.**

**Action taken since then**
Complaints sampled during inspection were acknowledged promptly, investigated, and responded to within necessary timescales. Each concern was assessed fairly, with relevant evidence reviewed and appropriate actions taken where necessary. Clear communication was maintained throughout the process, ensuring customers remained informed and received timely, comprehensive, and professional resolutions to concerns raised.

**This area for improvement had been met.**

#### Previous area for improvement 2

In order to ensure good outcomes for people, the provider should ensure medication is available and administered in line with prescription guidance. This should include, but is not limited to, ensuring staff commence medication without delay when this is received, are aware of "as required" medication protocols on how this medication should be used. This will ensure the effectiveness of as required medication is maximised and can be adequately reviewed.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

**This area for improvement was made on 9 September 2025.**

**Action taken since then**
Medication management was effective, with clear protocols in place for the administration of "as required" medicines. Staff followed these guidelines appropriately, ensuring medicines were given safely and only when needed. Outcomes were consistently evaluated and recorded following administration, demonstrating a person-centred approach and supporting ongoing assessment of effectiveness and wellbeing.

**This area for improvement had been met.**

### Previous area for improvement 3

To ensure positive outcomes for people, the provider should ensure records reflect the care and support provided. This should include, but is not limited to, recording support provided, strategies used to encourage people's involvement in their care and support, when people declined their support, and actions taken as a result of this. This will ensure people's care and support can be effectively reviewed and reported.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

**This area for improvement was made on 9 September 2025.**

#### Action taken since then

Records reviewed at inspection were mostly accurate. These clearly evidence support offered, strategies used to promote participation and choice, any instances where support is declined, and resulting outcomes. Ongoing audits, supervision and guidance continued to strengthen recording practices and ensure comprehensive documentation. Some minor improvements were suggested in this report under Key Question One.

**This area for improvement had been met.**

## Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) 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 leadership? | 4 - Good |
|---|---|
| 2.2 Quality assurance and improvement is led well | 4 - Good |

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