

Cathay Nursing Home Care Home Service

St Leonard's Road
Forres
IV36 2RE

Telephone: 01309 675 500

Type of inspection:
Unannounced

Completed on:
15 September 2025

Service provided by:
Wallace Management Services Limited

Service provider number:
SP2019013365

Service no:
CS2019376882

About the service

Cathay Nursing Home is registered to provide care to 41 people. The provider is Wallace Management Services Limited part of the Care Concern group. At the time of our inspection there were 34 people living in the home.

Cathay is a single-storey, purpose-built home located within a rural setting close to the town of Forres. All bedrooms are single occupancy with en suite facilities, two of which include en suite shower facilities. There is one large central lounge, a dining room and conservatory. There is an enclosed garden and further grounds set within a partially walled garden.

About the inspection

This was an unannounced type 2 inspection which took place on 10 and 11 September 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 and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 people using the service and four of their family and friends
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Prior to the inspection we asked the service to issue questionnaires to major stakeholders. We received completed surveys from six people who use the service and thirteen of their relatives.

Key messages

- People received the right care with their care and support.
- People had a choice of where to spend their time and many people enjoyed the company of their friends.
- The quality and variety of meals was good and people had access to snacks and fluids.
- Staff took time to assist people to remain mobile.
- People were listened to and their suggestions were acted on.
- The home was clean and odour free.
- The personalising of bedrooms was good and this helped create a warm and homely feel to people's bedrooms.
- A programme of upgrade and changes to the home's environment was ongoing. People should be consulted and involved in these plans.

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?	4 - Good
How good is our setting?	5 - Very Good

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

How well do we support people's wellbeing?

4 - Good

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

Most people had been supported to look their best. They had received the right care and support to meet their washing and dressing needs. Two people could have been supported to dress more appropriately that ensured their dignity was maintained.

A visit to the well-appointed hairdressing salon was a pleasurable experience for people. People spoke positively about how having their hair done had 'perked them up'. A visit to the hairdresser was a topic of conversation between people as they discussed their positive experience.

A few people's nails were visibly dirty, and nails were not cleaned prior to varnish being applied. Improvements are needed to nail care to ensure that people get the assistance to ensure their nails are clean and trimmed. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection' - area for improvement 1.)

People who required walking aids to help them mobilise safely had these within reach at all times. This ensured that people could choose where to spend time. Staff took time to assist people to walk to the dining rooms and from their bedrooms to social areas. Staff had recognised the importance of keeping people as mobile as possible to help keep them healthy.

People were very positive about the quality, variety and portion size of the meals. People had a choice of where to have their meals, and this meant that they were comfortable and able to socialise with friends at mealtimes. There were many conversations and engagements during the meal service, and this helped create a relaxed and sociable dining experience for people. Staff were available to assist people with their meals when it was needed and offered alternatives when people did not like the choices on offer. This meant that people got the right support to help them to eat well.

Fluids and snacks were available throughout the service. These were easy to access, and staff were attentive at offering drinks and topping up glasses. People were supported to drink well to ensure they remained hydrated.

There were two new activities co-ordinators in post. They were taking time to chat and to get to know people. This would help them to ensure that when they planned activities, they were things that people would enjoy. Furniture in the large lounge was positioned in a way that areas were created. This offered people a choice, for example: there was a television area, a craft and activity area and quiet area where people could chat or read. People were comfortable and meaningfully engaged in their chosen area of the lounge.

Staff recognised the expertise and valued the input of people. The shop was managed and run by a person who lived in the home. This had provided them with occupation and recognised their value and contribution to home life. The suggestion of getting a pizza maker had been followed up and this had resulted in people enjoying making their own pizzas. People's views had been sought, and their choices were respected and this contributed to positive outcomes.

Each person had a set of comprehensive care plans and risks assessments. These were generally detailed and reflective of the care and support people needed to keep well. However, the service should develop how processes to cross reference information throughout the care plans. For example, care of diabetes should link to information on nutrition, skin care, footcare. This means that care will be delivered in a more holistic manner.

The plans detailing how to support people living with dementia, were very detailed. Information on how someone presents when distressed and what could be triggers for their distress, were detailed. This would help inform staff practices in ensuring people living with dementia got the right care and support to minimise distress.

Staff recognised when there were changes to people's health, input from health professionals was promptly sought. This helped ensure that any additional treatment or change was implemented to keep people well.

When input was sought to help support people living with dementia, the good collaborative working, resulted in improved outcomes for people. Staff knowledge of people ensured that any discussions on changes to medication, or the care and support were effective. This resulted in reducing episodes of distress and people living well with dementia.

The management of medications was good. There were good systems in place for stock control and the re-ordering of people's medications. This meant that medications were always available.

The provider had changed its position on the storage and categorising of medications needed for people who may experience acute ill health. For example, medications needed for epileptic seizures. This meant that these important medications were easier to access. This ensured that when needed, these medications were administered without a delay.

How good is our setting?

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.

The home was clean and odour free. There were sufficient domestic assistants on shift to ensure that these standards were maintained. People expressed satisfaction with the standards of cleanliness.

People's bedrooms were well laid out. Floor space was free from clutter and furniture positioned to make the best of the space. There was some lovely personalising of bedrooms with items brought in from home. The positioning of pictures and people's precious items enabled people to see and to access them. The personalising of bedrooms created a cosy and homely feel to people's rooms.

Many areas of the home had been refurbished. The removal of the bar from the café area had opened up this room and gave it a clear purpose. The people who enjoyed their meals in the café enjoyed the quiet relaxed setting and we felt this encouraged a social dining experience. The larger dining room had been decluttered and there were visual prompts that encouraged people to make choices. For example, the cereals were visible in dispensers, selection of juice, menus on tables and cups and condiments on each table. With the additional dining choice in the café, this meant that the dining room was not as congested. This made it a quieter more relaxed dining experience for people.

The conservatory had been redecorated, and new furniture and plants had been added. This gave people the choice of spending time in a quiet relaxing area, with views overlooking the gardens.

The hairdresser was well equipped and decorated. People clearly enjoyed a visit to the hairdresser and discussed the positive impact of having their hair done.

The large lounge was divided up into areas by the positioning of chairs and furniture. This gave people a choice of where to spend time. Some people could enjoy the television without disturbing others who preferred to read or sit and chat with friends. Although the lounge was large there was no intrusive noise, and this meant that people could sit in comfort without disturbance.

The creation of the shop provided a service for people. One of the people in the home was the 'shopkeeper' and they said that people enjoyed being able to purchase their own toiletries etc. The addition of the shop recognised people's ability to make their own decisions. This also recognised the skills, expertise and value of the person running the shop.

Throughout the home we felt there was information available for people to access. This was placed at the right height and was in easy-to-read format. There were opportunities for people to be kept informed of home life.

The corridors were broken up with occasional seating. This gave people who mobilised around the home, the opportunity to sit and take a break. The service whilst supporting people to remain mobile recognised that the lengths of corridors may be off putting.

There was very good management oversight of the home's environment. When an improvement was noted, this added to the service improvement plan. This meant that a realistic timeframe for the changes could be made. Managers should ensure that there are clear records of discussions with people when further changes are planned. This will enable people to be kept informed and give them the opportunity to contribute to the changes.

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

Improvements are needed to ensure that people are given the right care and support to keep their nails clean and trimmed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 2 August 2024.

Action taken since then

Some people had not received the right levels of care and support to ensure that their nails were clean and trimmed. One person who had diabetes did not receive the necessary care of their toenails. When people were having nail varnish applied to their nails, their hands and nails were not cleaned first. Improvements continue to be needed to ensuring people's nails are clean and well cared for.

This area for improvement is not met.

Previous area for improvement 2

Improvements are needed to ensure that everyone has the same opportunities to be included in activities. Staff should consider the location of group activities and the impact that these have on people who do not want to participate.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'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' (HSCS 1.25); and

'I can choose to spend time alone' (HSCS 1.26).

This area for improvement was made on 2 August 2024.

Action taken since then

The service had recently recruited two activities co-ordinators. Although they were new in post, they spent considerable time engaging with people and finding out what they enjoyed doing. The planned pizza making was well received by people. They enjoyed making their own pizzas and took pleasure in eating their creations.

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Many people chose to spend time in the large lounge. The positioning of chairs enabled people a choice of which area to spend time in. This gave people a choice of small group activity, watching the television or sitting relaxing with friends. We felt that people had enjoyable experiences in the lounge.

Staff had been attentive to ensuring that people who chose to spend time in their bedrooms, had a means of passing their time. For example, radios, televisions or reading material. This ensured that people who preferred privacy could pass their time meaningfully.

This area for improvement is met.

Previous area for improvement 3

The provider should ensure there are clear processes in place to ensure risk reduction processes are implemented without delay where concerns are highlighted or emerge. The risk assessment process should have sufficient details to mitigate risks and involve people's representatives, and any relevant others who are involved in the person's support.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

This area for improvement was made on 23 June 2025.

Action taken since then

Each person had clear risk assessments in place when there was a risk to their health, wellbeing and safety. People who were at risk of leaving the home unsupported had Herbert protocols in place. These were used by emergency services if they were required in the event of person leaving building unsupported.

Risk assessments for falls were appropriate and did not impact on people's rights. For example, call mats and bedrails were used appropriately. The regular review of these risk assessments meant that the necessity of the measures put in place was reviewed.

Care reviews clearly discussed any measures put in place to reduce risks. This meant that people and their representatives were informed of the need for these measures.

This area for improvement has been met.

Previous area for improvement 4

The provider should complete a safety review of all external exits to ensure safe security measures are in place. This should be audited, updated, and in response to assessments of risk for people where safety concerns have been highlighted.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event

This area for improvement was made on 23 June 2025.

Action taken since then

All external fire exit doors are alarmed. This means that when they are opened the emergency buzzer goes off showing which door has been opened. This ensures that staff can respond promptly to the right area/door.

The manager completes a daily walk around and the checking of these doors is included in this. The night staff complete a check of all doors on starting their shift to ensure they are all secure.

An external fire prevention company completes frequent maintenance checks of all fire exit doors. This ensures that there are no faults and that the alarm system and door are in safe working order.

The maintenance operative completes weekly maintenance checks on fire exit doors to ensure that they remain in working order and that they remain linked into the alarm system.

This area for improvement has been met.

Previous area for improvement 5

The provider should carry out a training needs analysis for staff to ensure they have the knowledge and skills to support people who are living with dementia, particularly where people are showing signs of stress and distress behaviour.

This is to ensure care and support is consistent with Health and Social Care Standard 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 23 June 2025.

Action taken since then

We did not observe any distressed behaviours during our inspection. Staff appeared to take their time when supporting people. People were not rushed and could make decisions at their own pace.

The home was busy and there was lots of activity and engagement, however, we felt this did not intrude into the comfort of people. There was no loud and intrusive noises which may be a trigger for distress.

Care plans were well written and clearly indicated factors which may cause distress to people. Details on how people present when distressed ensured that staff could recognise this and this enabled them to provide the support needed to reduce distress.

86% of staff had completed updated dementia training and we felt this knowledge and skills was evident in the staff practice and how they supported people. The instances of distressed behaviour had reduced.

This area for improvement has been met.

Previous area for improvement 6

The provider should engage in proactive communication with people, and their representatives, following any significant incidents occurring. This would support an open and honest learning culture where people feel included, respected, and listened to.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

This area for improvement was made on 23 June 2025.

Action taken since then

There were good records kept of conversations with relatives after an unexpected event. For example, if a fall had occurred, relatives were promptly contacted and provided with the details of the event.

Relatives said to us and wrote in their survey responses that communication was very good and that they felt they were kept up to date.

The lessons learnt exercise following the upheld complaint, clearly showed that there was recognition of the importance of open and transparent communication with relatives. The service demonstrated a determination to learn and prevent the same thing happening again.

This area for improvement has been met.

Previous area for improvement 7

People experiencing care, and their representatives should feel listened to, and taken seriously where health and wellbeing concerns are raised. The provider should review how concerns and complaints are acted upon to support improved outcomes for people experiencing care.

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 23 June 2025.

Action taken since then

There was a good complaints procedure in place. This enabled any concern to be recorded and followed up on.

Records of conversations with relatives were detailed and kept in people's files.

Care reviews were a platform for any concern with the care and support to be raised and discussed. Records of reviews showed that when changes were suggested, these were acted upon.

Relatives said to us and wrote in their survey responses that communication was very good and that they felt they were kept up to date.

Staff were aware of what to do in the event of a concern being raised with them. They told us it was important for them to report these concerns on to the managers in order for them to be dealt with.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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