

# Dounemount Care Home

## Care Home Service

Gellymill Street  
Macduff  
AB45 3QL

Telephone: 01261 832 262

**Type of inspection:**  
Unannounced

**Completed on:**  
26 September 2023

**Service provided by:**  
Dounemount Care Limited

**Service provider number:**  
SP2020013471

**Service no:**  
CS2020378967

## About the service

Dounemount Care Home is a care home that provides care and support for up to 34 older people. The provider is the Dounemount Care Limited.

The home is a converted traditionally built house that has been extended to provide accommodation on three levels. There are two wings: Alvah and Doune. The bedrooms located in the extension, Alvah, all have en suite toilet facilities. Some bedrooms in Doune do not have en suite facilities. Both wings have well-furnished dining and lounge facilities.

The care home is located in the outskirts of Macduff, Aberdeenshire and is set on a hill with views of the area and surrounding countryside.

## About the inspection

This was an unannounced inspection which took place on 26 September 2023. 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 people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People appeared very relaxed and content in the home.
- Care and support needs were provided to a good standard.
- Outcomes for people had improved.
- What people wanted was being considered when improving or changing the service provision.
- Staff numbers had been increased and this enabled staff to have the time to spend chatting with people.
- The activity programme was more varied and included physical activities.
- Improvements had been made to the gardens and the outdoor spaces.
- Management were supporting staff in the leadership of shifts and ensuring that staff were aware of their responsibilities as leaders.

## 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 staff team?	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?

4 - Good

We made an evaluation of adequate for this key question at our last inspection, this has now been changed to good. Several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The number of staff on duty had increased. This meant that people did not have to wait to have help with their care and support needs. People were assisted at their preferred time and were able to enjoy their breakfast at the time that suited them. This meant that people now had the choice of how to spend their time in the mornings.

Staff were visible and attentive to people. Staff now had the time to spend with people either chatting or helping with a meaningful activity. Staff said that this had improved the quality of people's days and also enhanced their own role.

The activities provision had been strengthened. Activity planners were available throughout the home, and this helped people make informed decisions about how they wanted to spend their time. Keeping active featured regularly on the planner. This would help people keep well through regular exercise.

Improvements had been made to the gardens and outdoor spaces. This enhanced the views that people enjoyed and also contributed to a better experience when out in the gardens.

In the morning care staff selected short time activity cards. These were suggested activities that they could support people with. It was positive to see that sitting having a cup of tea and a chat with people was seen as a valued experience.

**The area for improvement made at our last inspection is met. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection'.)**

## How good is our staff team?

4 - Good

We made an evaluation of adequate for this key question at our last inspection, this has now been changed to good. Several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The number of staff on duty had been increased. This had resulted in improved outcomes for people. People no longer had to wait for staff to be available and they got the care and support they needed when they wanted. This resulted in people spending more time with their friends and having the opportunity to have more meaningful experiences.

Staff said that the increase in staff numbers meant that they now had the time to spend with people and that they were no longer having to 'catch up'. Staff had noticed the improvements this had made to the quality of people's experiences. Staff also felt that the increase in numbers had improved staff morale and strengthened staff working relationships.

**The requirement made at our previous inspection has been met. (See 'What the service has done to meet any requirements made at or since the last inspection'.)**

The leadership on the floor had been strengthened. This meant that there was increased oversight and direction of staff. This contributed to a staff team working well together to ensure that people's needs were met to the expected standards.

Communication from managers had improved and this ensured that the staff team were aware of changes or improvements. This made staff feel included and valued.

Managers had met with trained and senior staff to discuss roles and responsibilities. This had reinforced to those staff their professional responsibility of effective leadership on the floor. This would help maintain the standards that would be expected by managers.

**The area for improvement made at our last inspection is met. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection'.)**

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

### Requirements

#### Requirement 1

By the 31 August 2023, you must ensure that the number of staff on duty is sufficient, and that the staffing arrangements must be responsive to the outcomes and experiences of people.

This is in order to comply with Regulation 4(1)(a) – Welfare of Users: A provider must make proper provision for the health, welfare and safety of service users, and 15(b)(i): ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011).

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); and

'My needs are met by the right number of people' (HSCS 3.15).

**This requirement was made on 30 June 2023.**

#### Action taken on previous requirement

The number of staff on duty had been increased. This enabled people to get the care and support they needed when they wanted. For example, people were assisted up in the morning and had their breakfast at the preferred time. Staff said there was no longer a rush and that they could take time to spend with people. We observed staff sit and engage with people. This had a positive impact on the quality of people's day.

Staff said they welcomed the additional staff on duty and now felt that they could do their job well. People told us they were very satisfied with the quality of their care and support. They said that staff were attentive and they did not have to wait for care and support.

**Met - outwith timescales**

## 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 should be made to the activities provision in the service to ensure that everyone has the same opportunity to pass their time in a meaningful way, including remaining active.

This is in order 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).

**This area for improvement was made on 30 June 2023.**

#### Action taken since then

The activities provision had been strengthened. The activity planner was in place and this was accessible in people's rooms and in shared areas. This meant that people could make informed choices about what they wanted to do.

There was planned activities to keep people mobile and active. This helped people to remain healthy.

Care staff picked 15 minute activity cards in the morning. These were short time activities that they could do with people. This helped ensure that time spent with people was meaningful.

Improvements had been made to the outside spaces and gardens. This ensured that people had a better outlook when in the home and could experience a meaningful and enjoyable time when out in the garden. It was positive that relatives were supporting the home with the development of the gardens. This helped them feel included in the service.

The service should look to develop how people can access activity items. There was missed opportunities to ensure that books, magazines etc were available and easy to access.

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

## Previous area for improvement 2

You should improve the oversight and direction of staff and ensure that decision making in relation to staff allocation and roles, is made as a result of the assessment of people's outcomes and experiences.

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); and

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

**This area for improvement was made on 30 June 2023.**

### Action taken since then

The leadership on the floor had been strengthened. This meant that there was increased oversight and direction of staff. This contributed to a staff team working well together to ensure that people's needs were met.

Meeting with qualified staff and senior staff had taken place. This was an opportunity to discuss the role of leadership and to reinforce the responsibility that comes with the leadership role.

Staff said they felt better informed about planned changes. For example, staff were now aware of planned admissions, including the care and support needs. Staff said they felt involved and valued. This contributed to the good morale and respectful relationships evident in the staff team.

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

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good



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