

## Dalginross House Care Home Service

Comrie  
Crieff  
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**Type of inspection:**  
Unannounced

**Completed on:**  
25 September 2023

**Service provided by:**  
Linda Paterson trading as Dalginross  
House

**Service provider number:**  
SP2003002113

**Service no:**  
CS2003009752

## About the service

Dalginross House is a care home for older people situated in a residential area of Comrie, close to local transport links, shops and community services. The service provides residential care for up to 16 people.

The service provides accommodation over three floors in single bedrooms, each with an en-suite wash hand basin. There is a sitting room and dining room on the ground floor level which can be accessed from the upper floors by a stairlift. There is a large communal seating area at the entrance to the home and access to a well-tended garden.

## About the inspection

This was an unannounced inspection which took place between Tuesday 12 and Wednesday 20 September 2023. The inspection was carried out by two inspectors 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 three people using the service and two of their family
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents.

## Key messages

- Care was provided by a stable and knowledgeable staff team
- People were looked after with dignity and respect
- Activities were arranged according to people's likes and abilities
- Medication administration was well managed
- Improvements needed to be made to infection prevention and control practices
- Quality assurance activities were not robust enough to lead to service improvements
- Care planning and assessments of risks needed to improve.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

## How well do we support people's wellbeing?

## 3 - Adequate

We evaluated this key question as adequate. There were strengths identified but these just outweighed the weaknesses.

We observed care that was delivered with dignity and respect. Interactions between staff and people were warm, encouraging and compassionate. When staff spoke about people who lived in Dalginross this was done with warmth and a real sense of advocating for people's needs and best interests. People were clearly supported by a staff team that cared and knew them well. The compassion in the care people received was a major strength of Dalginross House and contributed to positive outcomes for them. Feedback from people's families was overwhelmingly positive about the staff team; we were told, "it is care in the true sense of the word."

The mealtime experience was relaxed and well organised with the right level of support provided for those who needed it. There was a varied menu to choose from which we heard people were periodically consulted on. This allowed people to feel valued and listened to while ensuring everyone's tastes and needs were catered for.

People were also asked about their interests and hobbies so activities could be made meaningful for them. Technology was used to support involvement and the impacts of people's health conditions were taken into account. Access from the building to the garden courtyard was limited and made regular outdoor activities in the grounds challenging. However, we saw how people were enabled to participate in external community events. This supported people to feel involved and connected to the wider world.

Where people's independence and control were restricted due to their health condition, families and legal representatives were kept informed of measures that were put in place to support them. More consideration needed to be given to how restrictions, such as lap belts, sensor mats and bedrails, impacted on people's freedom. Records should show reasons for these measures being in place as well as assessments of their risks and benefits. Monitoring and ongoing assessment arrangements should also be in place to ensure arrangements continue to be right for people (**see requirement 1**).

Medication administration was managed well, and regular compliance audits ensured people were getting their medications as prescribed. There were good links with the local pharmacy and GP practice for support. There were protocols in place for the use of 'as required' medications, however better assessment tools needed to be in place to ascertain the need for these treatments, in particular relating to the management of pain.

Some recognised health assessment tools were in place, such as for nutritional screening and pressure sore risks, but these were inconsistently completed. It was difficult therefore to see how they were being used to inform the support people received. We did not see evidence that care plans or risk assessments were being reviewed regularly or in response to incidents or changes in health condition. We could not be assured that care plans fully reflected the needs of people living in Dalginross House.

We saw evidence of regular input from health professionals in relation to changes in people's conditions. It was felt this was directed more by good staff knowledge of people in their care rather than by any close monitoring or assessment of their health. To ensure people continue to receive the right care the service needs to improve how health assessments are used to monitor outcomes for people (**see requirement 1**).

The service did not take a proactive approach to the management and prevention of falls. Falls assessments were inconsistent and there was no analysis of overall falls information to determine measures that could be taken to make improvements. Measures that were put in place in response to falls tended to be restrictive rather than promoting an enabling, person-centred approach (**see requirement 1**).

Adults in care homes should live in an environment that is clean, tidy and well maintained. Some areas of Dalginross were fresh and on the surface clean, such as the communal sitting and dining rooms. However, we found some items of equipment, both individual and communal, that were dirty, stained or in a poor state of repair and could not be effectively cleaned. This posed a potential infection risk to people.

Comprehensive cleaning schedules were in place, however we found that there were several days in a row where they were not completed. We could not be assured that essential cleaning was consistently being carried out to keep people safe from the spread of infection.

The management of clinical waste was not of an acceptable standard at the start of our inspection. All clinical waste should be segregated and stored in accordance with best practice guidance to minimise exposure to infection. The management team took action during the inspection and were putting in place a clinical waste management system so staff knew where to dispose of clinical waste with outside storage being locked for safety.

We identified inconsistent infection prevention and control practices among staff, such as inappropriate use and improper disposal of personal protective equipment (PPE). There was no evidence of recent infection prevention and control training for staff and staff did not have awareness of good practice guidance in this area. As a result of poor staff practice and knowledge, together with concerns identified with the environment and some equipment, the health, safety and wellbeing of people was potentially being put at risk. **Please see previous requirement under key question 2 'How good is our leadership?' which has been extended.**

## Requirements

1. By 31 March 2024, the provider must ensure that care plans and risk assessments are comprehensive and accurately reflect people's health and welfare needs.

In particular the provider must:

- a) Ensure the use of restraint, such as sensor mats and bed rails, is supported by evidence of ongoing assessment, discussion and agreement with the person and/or their representative.
- b) Ensure they accurately reflect and assess any identified risks to the person's health such as falls, wounds, nutrition and pain and detail the steps to be taken to reduce these risks.

This is to comply with Regulation 5(1) and 2(c) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I am fully involved in developing and reviewing my personal plan which is always available to me' (HSCS 2.17); and

'I am as independent as I can be in agreeing and reviewing any restrictions to my independence, control and choice' (HSCS 2.6).

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate. There were some strengths, but these just outweighed the weaknesses. Key areas needed to improve to avoid any impact on people's outcomes going forward.

We were not confident that quality assurance was being carried out sufficiently to ensure a culture of continuous improvement. There were some areas of leadership oversight that were in place, such as medication compliance audits which were effective in ensuring standards of medication management. However, there was insufficient oversight of other key functions to ensure all areas of care provision were safe and effective. Processes in place generally gathered superficial data and we could not see how any information was being used effectively to drive improvements in the service. There was no service improvement plan in place.

The service was diligent in recording accidents and incidents and keeping relevant people and agencies informed. Due to lack of documentation, it was difficult to ascertain if learning was taken forward from these or what actions had been implemented to reduce the risks of recurrence.

There was a complaints procedure in place and people felt confident giving feedback because it was actively sought and responded to. The 'you said we did' board in the hallway was a good way of demonstrating the service's responsiveness and that feedback was welcomed.

Staff were willing to be further involved in quality assurance activities and regular staff supervision sessions were being carried out to support staff development. However, there was no opportunity for team discussion or development, such as at team meetings, to take this forward.

The staff team is a real asset to Dalginross House and the staff willingness to engage with developments and improvements is recognised as a strength. However, positive outcomes and good care need to be underpinned by robust quality assurance processes and clear plans for improvements to ensure they can continue. **Please see previous requirements which have been extended and new requirement 1.**

## Requirements

1. By 15 January 2024, the provider must ensure robust quality assurance processes are in place and used effectively to drive improvement and ensure the care and support people receive is safe.

This must include but is not limited to:

- a) Assessment of the service's performance through effective audits.
- b) Development of action plans which reflect audit findings and inform a useable service improvement plan.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

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

'I use a service which is well led and managed' (HSCS 4.23).

### How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, although there were a number of important strengths these only just outweighed the weaknesses.

Staff told us they had access to a range of training opportunities both in person and online. Relevant areas of practice, such as moving and handling, medication administration and first aid had recently been completed to ensure staff had up to date knowledge in these areas. We identified a range of areas that staff would benefit from additional training including falls prevention, risk assessment and restrictive practice.

Staff supervisions were now being carried out which meant staff had appropriate time and support to reflect on areas of practice and to identify any training needs. Staff told us that they could request further training if required. Regular team meetings to share and consolidate knowledge and to discuss areas of good practice would further enhance the team's skills and competence. **Please see previous requirement that has not been met and has been extended.**

It was unclear how staff learning was monitored to ensure everyone working in the service had relevant knowledge, skills and competence. There was also no clear management oversight of staff practice to ensure that training undertaken improved practice and supported good outcomes for people. The service should consider how they ensure that learning is kept up to date and leads to good practice that is embedded into day-to-day care.

### How good is our setting?

### 3 - Adequate

People in Dalginross House benefitted from a warm, comfortable and welcoming atmosphere. People were supported to make good use of the communal areas and privacy was afforded by individual bedrooms. Although these were variable in size and layout, depending on where in the home they were located, rooms were fresh, clean and people could personalise them. People on the upper floors were supported downstairs into the bright and fresh communal areas as there was no communal space upstairs. Stair lifts were installed, and people were supported to use these as required.

We did not see regular inspection records of this equipment as expected. Recent maintenance had been carried out however ensuring it was safe to use. Some expected maintenance checks were being recorded by staff but we did not see regular professional inspection of all relevant equipment in use.

There was a system in place to arrange for repairs to equipment and areas of the environment. Staff were clear on their responsibilities in this and there were clear records of actions taken when issues were identified. However, the system to monitor equipment and the environment lacked structure and was not fully effective. Not all issues were being identified which had the potential to put people at risk. **Please see previous requirement which has been extended under key question 2 - 'How good is our leadership?'**

There were challenges with an old building being used for residential care. In Dalginross House, the main challenge is the access to the upper floors. We will work closely with the service to ensure the conditions of registration reflect a person-centred approach whilst ensuring the safety of people living on the upper floor.

## How well is our care and support planned?

## 3 - Adequate

We sampled care plans and other relevant documentation in the service. We have evaluated this key question as adequate as although the care and support provided was good, the assessment and care planning process required improvement to ensure it reflected everyone's current needs and wishes.

Everyone living in Dalginross House had a care plan in place and a shortened 'quick reference' plan that new staff or agency could quickly access. Care plans and assessments, although being regularly reviewed, contained many inconsistencies and out of date information. Assessments of people's needs were not always accurately completed, and some were not completed at all. This meant that they could not be effectively used to direct their support.

Legal documentation was mostly in place and easy to access so that the service could identify who had legal decision-making powers for individuals who could not make decisions for themselves.

End of life or future care plans were not in place for everyone. It's important that this information is recorded to ensure that end of life care is reflective of the person's needs and wishes. The service should consider including this in their care plans to ensure they are aware of and can provide people's future care wishes.

The care plans were written with warmth and respect however, tended to focus on tasks. They would benefit from being more person centred to include outcomes that were important to people and helped them get the most out of life.

People have a right to be fully involved in developing and reviewing their personal plans to ensure they continue to reflect their personal choices. Reviews of the available documentation were being carried out at least once every six months with the person or their representative, and there was a tracker in place to ensure this was done. It was unclear how effective these reviews were as information in some care plans was found to be conflicting or out of date.

In Dalginross House there was a dedicated and consistent staff team and the good care and outcomes for people relied heavily on their knowledge of people who lived there rather than on robust and clear assessments or support plans. There is therefore a risk that in the absence of this knowledgeable team people do not receive the care and support they need. **Please see requirement under KQ1 - 'How well do we support people's wellbeing?'**

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

### Requirements

#### Requirement 1

By 17 February 2023, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

- a) Ensure that the internal premises and equipment are safe, clean, and tidy by walking the building on a weekly basis. This over-sight will be recorded on a specific template.
- b) Ensure that processes, such as enhanced cleaning schedules and regular quality assurance checks of the cleaning undertaken are in place.

This is to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

**This requirement was made on 14 December 2021.**

#### Action taken on previous requirement

There was no evidence of regular and structured manager walk arounds or audits of the equipment or premises. We were told that spot checks were carried out each shift by the staff member in charge, however these were not structured to ensure the whole building and all equipment was checked and there was no record of findings or actions taken. We were not assured that these checks were effective in identifying and actioning areas for improvement as we found equipment in use that was damaged or visibly dirty. There were also areas of flooring that needed repairs and other areas that were unclean.

The cleaning schedules were often incomplete. There was limited provision for cleaning when the regular cleaner was on leave or absent. There did not appear to be any managerial oversight in place for the cleaning carried out or recording of it. As such we could not be confident that the premises and equipment were always kept adequately safe and clean and this requirement has not been met. It will be extended to 15 January 2024.

**Not met**

## Requirement 2

By 3 March 2023, you must ensure that staff and supported people have an opportunity to participate in contributing to a service development plan, on an on-going basis, through meaningful consultation.

This is to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6); and

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

**This requirement was made on 18 January 2023.**

## Action taken on previous requirement

Feedback and consultation with staff and people about the service was generally on an ad hoc and informal basis, however it was clear that some positive actions were taken by management in response. These were done in isolation and not as part of a wider service improvement plan. There was no service improvement plan available in the service.

This requirement has therefore not been met and will be extended to 15 January 2024

**Not met**

## Requirement 3

By 3 March 2023, you must ensure that:

- a) Staff have a schedule of supervision and regular team meetings to enable them to reflect on their practice.
- b) Develop knowledge and skills and provide consistent care to those they support. This will also provide a forum for staff to contribute to the improvement of the service.

This is in order to comply with Regulation 15 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

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

'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' (HSCS 3.14).

Also the Code of Practice for Employers of Social Service Workers which state you will: 'Effectively manage and supervise social service workers to promote best practice and good conduct and support staff to continuously improve their performance and make sure they are fit to practice' (2.2).

**This requirement was made on 18 January 2023.**

## Action taken on previous requirement

Staff supervision had been commenced by the deputy manager. We did not see a schedule in place for this, but staff told us this happened regularly, and we viewed records to confirm this. Staff found supervision to be a helpful process in their development. The service did not hold team meetings for staff to share knowledge and good practice but informal communication between staff was good.

There was no service improvement plan in place or evidence of regular, structured meaningful consultation with the staff around service improvement.

This requirement is therefore not met and will be extended to 15 January 2024

**Not met**

## Requirement 4

By 31 March 2023, you must ensure that personal plans identify all risk, health, welfare and safety needs in a coherent manner which documents how people's needs are to be met.

In order to do this the provider must ensure that all care plans are subject to a formal review at least once in every six month period.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. - (1). A provider must:

a) Make proper provision for the health, welfare and safety of residents.

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 requirement was made on 18 January 2023.**

### Action taken on previous requirement

Six-monthly reviews of care plans were planned and carried out with the person or their representative as far as possible. There was a tracker in place for this and a key worker assigned to a group of people to ensure these were carried out.

The reviews took account of the information contained in the care plans, however some relevant information was not reflected in the care plans and therefore could not be discussed. The service should ensure all health risks are adequately assessed and clearly documented in the care plans in order for effective care to be delivered and an effective and holistic review of care to be carried out.

The service is now carrying out reviews every six months and as such has met this requirement. However, more improvements are needed on care planning to ensure all health risks are accurately identified in them. Please see new requirement under **Key Question 1 'How well do we support people's wellbeing?'**

**Met - outwith timescales**

## 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	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	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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