

# Drumdarroch House Nursing Home Care Home Service

Mill Road  
Insch  
AB52 6JA

Telephone: 01464 820 808

**Type of inspection:**  
Unannounced

**Completed on:**  
30 October 2023

**Service provided by:**  
Priority Care Group Limited

**Service provider number:**  
SP2003000048

**Service no:**  
CS2003010387

## About the service

Drumdarroch House Nursing Home is a care home for older people situated in a quiet residential area in the village of Insch, which is in rural Aberdeenshire. The service provides nursing care for up to 41 older people, of whom three may be adults with physical and sensory impairment.

The service is purpose-built and provides accommodation over a single floor in single bedrooms, each with en suite facilities. There are two sitting rooms, one large dining room and shared bathrooms, as well as accessible outdoor spaces and well-tended gardens.

## About the inspection

This was an unannounced inspection which took place on 24 and 25 October 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 11 people using the service
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Staff and people living at Drumdarroch had good relationships.
- Staff cared for people with kindness and compassion.
- People received reliable and consistent support from a familiar staff team with whom they had positive, trusting and caring relationships.
- The service should improve how it meaningfully involves relatives and residents in how the care home works and develops.
- People's health and wellbeing benefited from a very well-maintained, homely, clean and tidy purpose-built home.

## 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 leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	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 evaluated this key question as good as there were several important strengths which when taken together, clearly outweighed areas for improvement.

People experienced compassionate care. Staff were warm, kind and caring. We observed positive relationships between staff and the people living in the service. Staff knew people well and worked intuitively, knowing when to offer help and when to leave people to do things for themselves; when to provide empathy and when to use humour. This meant that people were very satisfied with their care and they told us they felt safe and well supported.

Opportunities for meaningful activities need to be further developed and individualised. We found the service had regular activities that people enjoyed, such as, therapist visits, people visiting from the community and bingo. Staff were good at respecting people's choices to spend time in their rooms or time alone. The activities coordinator worked hard to ensure people who spent most of their time in bed, had personalised time with the coordinator doing an activity of their choice. The senior management team were developing further resources to support staff in the activities process, using the good practice guidance, 'Making Every Moment Count'. However, there was a lack of meaningful engagement with the residents to determine what activities they wanted and this meant that while the activities schedule worked for some people, it did not work for others, leaving some people feeling excluded (**please see area for improvement 1**).

The service provided nutritious, good quality, home-cooked meals, that people enjoyed. We observed a lunchtime when we saw staff working at a relaxed but steady pace, which gave people time to enjoy their meal, but also kept things moving so that people did not get bored and move away. Staff enabled people to do as much for themselves as possible but were quick to respond if help was required. Staff had a good understanding of people's dietary needs and ensured people were provided with the correct meal options, for example, a blended diet. The dining room was bright and airy. The tables were set out attractively with tablecloths and condiments and there was gentle uplifting music, which some of the residents could be heard humming along with. This pleasant dining experience helped people to eat well and sustain a healthy weight.

People benefitted from a robust medication management system which adhered to good practice guidance. This was a significant improvement since the last inspection. People who had medication prescribed, 'as and when required,' for example, pain relief, benefitted from a robust screening process that determined when they required the medication and its effectiveness once given. This meant that people's identified health care needs were met in a safe and consistent manner.

The service had significantly improved how it managed falls. A number of measures were used to monitor and prevent falls within the home, which reduced the likelihood of people falling again, thereby making people safer and healthier.

### Areas for improvement

1.  
To support people to get the most out of life the provider should ensure people are supported to maintain and develop their interests and activities.

This should include, but is not limited to, involving people in the planning and development of the activities schedule, to include opportunities for people to participate in a range of social, recreational, creative and learning activities of their choosing, both indoors and outdoors.

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 maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

### How good is our leadership?

### 4 - Good

We evaluated this key question as good as there were several important strengths which when taken together, clearly outweighed areas for improvement.

Since the last inspection there had been changes to the management team. The service was without a full-time manager and instead it was being led by the senior management team. It was positive to find that the senior management team knew the service well and were aware of all the areas for improvement that we identified during the inspection, for which they had responsive action plans in place. Staff told us that they felt very well supported by their management team.

Even with the managerial changes, we found several key improvements. There was more robust monitoring of falls and medication, which helped to keep people safe, healthy and well.

They had well-established governance arrangements in place for the day-to-day functions of the service and these had improved expected standards of performance in a reliable and sustainable way. For example, their infection control audits identified when areas of the home were not as clean as they should be and they took action to improve their daily cleaning schedule so that this would not happen again.

Further work is required to ensure residents and their families are given the opportunity to be meaningfully involved in how the care home works and develops. Although residents were offered choice on a day-to-day basis about how their care was provided, they were not given the opportunity to have input into key functions of the care home that were important to them, for example, menu planning, meal portion size, activities and how the day was structured. This left some people frustrated and feeling as though they had to fit in to the care home, rather than the care home adapting to accommodate everybody. The senior management team had already recognised this and explained this would be a priority going forward (**please see area for improvement 1**).

### Areas for improvement

1. To ensure people's care is right for them, the provider should ensure people are meaningfully involved in how the care service works and develops.

This should include, but is not limited to, involving residents and their families in planning key functions within the care service, such as, menus, activities and the recruitment of staff, so that people's needs and wishes are the primary drivers for change.

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).

## How good is our staff team?

4 - Good

We found important strengths that had a positive impact on people's experiences and outcomes. We evaluated this key question as good.

The service had a committed, regular and consistent staff team, many of whom had worked in the service for several years or longer. This really helped carry the service during the difficult period of being without a permanent manager and ensured that residents still received the care they were used to by familiar and friendly staff.

Residents and their families expressed confidence in staff. They told us they knew staff well and confirmed that they had developed positive, trusting relationships.

We observed staff across all departments working well together in a professional, supportive and respectful way that created a warm and calm atmosphere. Residents experienced a good level of interaction with staff throughout the day and responded positively to this. Staff clearly knew the people they cared for well, providing kind and responsive support. Staff spoken with were friendly, knowledgeable and motivated to provide positive outcomes and experiences for the people they cared for. Overall, staff told us they enjoyed their work and felt well supported by colleagues and their management team.

Safe recruitment practices had helped to protect residents and a robust induction period supported new staff to settle into their role, while developing their skills and confidence. The service had a good career development scheme which helped them retain staff and promoted staff development.

The service needs to develop how they include the people living in the care home to have opportunities and the necessary support to be involved in the recruitment process of staff in a meaningful way, that takes into account their views, needs and wishes (**please see area for improvement 1 in section, 'How good is our leadership?'**).

## How good is our setting?

5 - Very Good

We evaluated this key question as very good because there were major strengths which supported positive outcomes for people.

People's health and wellbeing benefitted from a very well-maintained, purpose-built home which met their needs and wishes. The service had wide corridors, communal wet rooms, bedrooms with en suite toilet facilities and a variety of communal areas. The home was bright and filled with natural light. The service regularly evaluated the environment and actioned improvements based on that evaluation. For example, they changed one of the unused communal bathrooms into a storage area. This allowed all the mobile

hoists and excess PPE equipment to be safely and cleanly stored away, which left the other areas of the home clutter free, easier to keep clean and more enjoyable.

Senior management kept the environment under regular review. They had a detailed action plan to update and refresh areas of the home, so that it always remained in a well-maintained condition.

The service was homely and inviting, and people were comfortable in their home. People's bedrooms were personalised with their own photographs, belongings and furniture. There were two communal sitting areas which varied in size, and these provided people with a choice of where to spend their time. Smaller sitting areas had a more relaxed atmosphere and still created the opportunity for people to sit with others and socialise if they wished, which reduced their risk of isolation. The dining area was located centrally and well used both for mealtimes and group activities. We observed communal areas of the home being used to good effect, with quieter areas for those that wished to read their newspapers, and busier areas for when families came to visit and when people wished to socialise. Seating was strategically placed throughout the home so that people could move around freely and socialise. For example, we observed residents gathering in the care home lobby, enjoying the chatter and watching the comings and goings of other people. This promoted residents' social wellbeing.

Drumdarroch was clean, tidy and clutter free.

We did notice that not all windows were fitted with restrictors. Although people were not at risk of a fall from a height, due to it being a single level accommodation, we did recommend the management team risk assess the windows that did not have restrictors, to ensure the safety and security of the building and those within it. The management team agreed to do this.

## How well is our care and support planned?

**4 - Good**

We found a significant improvement in the quality of care plans since the last inspection. There were several important strengths which when taken together, clearly outweighed areas for improvement and therefore we graded this key question as good.

We found that people's care plans were detailed and focussed on their individual needs, preferences and abilities. There was good evidence that each plan was regularly reviewed, updated and added to. This helped to keep plans dynamic, relevant and effective. They were easy to access and the staff told us they used them as a working document to help guide how they provided people's care.

We found that the care plans contained very good, person-centred information and that staff knew each person and their family very well. This ensured people's preferences and wishes were respected.

People told us that they were involved in informing and updating their care plans and we could see this in their review documentation. However, the service should improve how it obtains the views of people who are not fully able to express themselves or do not want to be part of the formal review. We discussed this with the senior management team who advised us they had already identified this as a point for improvement and they were considering other ways to obtain people's views, which could include observation and pre-review meetings. This will help to ensure people's wants and wishes are kept at the centre of the care planning process.

The vast majority of the care plans were written in a person-centred and respectful manner, promoting people's individual differences and human rights. However, we found one that fell short of this high

standard. When we raised this with the management team, they agreed with our findings and changed the care plan immediately, which was good practice. It is important for staff to understand the power of language and the impact this may have, often unintended, on some people's sense of self-worth and wellbeing. However, overall the standard of the care plans were good, with up-to-date, person-centred information and for this reason we deemed it proportionate to award the grade of good.

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

### Requirements

#### Requirement 1

By 7 November 2022 you must ensure that service users' health, safety and wellbeing are protected as a result of improved oversight in relation to falls. In particular, you must:

- a) Ensure that service users have accurate falls risk assessments and plans in place. Ensure that all falls assessments and plans are accessible and implemented by all nursing and care staff.
- b) Ensure that when a fall does occur, staff assess the impact of the fall on the health and wellbeing of the service user and ensure that appropriate actions are taken. This should include but is not restricted to; a robust assessment of the health of the service user, seeking medical input if necessary, an appropriate level of observation and ongoing monitoring to assess any change to the health of the service user.
- c) Ensure that there is improved oversight and analysis of falls to help identify trends and implement appropriate actions to reduce risks to service users.
- d) Ensure that there are appropriate procedures in place and implemented in relation to falls and that the management team are monitoring compliance with these procedures.
- e) Ensure that all staff receive refresher training on the management of falls and falls prevention.

This is in order to comply with Regulation 5(2) and Regulation 15 (b)(i) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2022 (SSI 2011/210).

**This requirement was made on 26 July 2022.**

#### Action taken on previous requirement

The service had significantly improved how it managed falls. A number of measures were used to monitor and prevent falls within the home which reduced the likelihood of people falling again, thereby making people safer and healthier. Staff had received refresher training in the management of falls and they were knowledgeable about the process they should follow in the event of a fall. Residents had updated risk assessments and these looked at ways of reducing the likelihood of people falling, for example, by ensuring they had their eyewear on and suitable footwear. The service were using tools to analyse falls and identify trends. They had identified one key time of the day and area where people were more likely to fall and in response put in a series of measures to prevent this.

**Therefore, we have deemed this requirement as met.**

**Met - within timescales**



## Requirement 2

By 7 November 2022 you must ensure people's medication needs are administered as prescribed and intended. This is to ensure people's overall health and medical needs are consistently met. In particular, you must:

- a) Ensure that the correct medication is always administered to people at the right time by trained and competent staff.
- b) Ensure that pathways for the management of covert medication are reviewed and are administered in line with best practice as outlined in the Good Practice Guide – Covert Medication by the Mental Welfare Commission for Scotland (<https://www.mwscot.org.uk>).
- c) Ensure that there is ongoing assessment of staff competence and skills in relation to medication administration; and
- d) Ensure that medication audits are effective and that where there are indications of poor practice, this is recognised and prompt action is taken to address this.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and

'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); and

In order to comply with regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 26 July 2022.**

### Action taken on previous requirement

The service had significantly improved how it managed people's medication. This included reviewing its covert medication pathway which resulted in covert medication no longer being required. This was a positive outcome and promoted people's human rights. Management oversight of medication had improved and this meant that any errors were quickly identified and addressed. This helped to keep people safe and it also improved staff practice. Therefore, we have deemed this requirement as met.

**Met – within 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

To support positive outcomes for the people living in the service through a culture of continuous improvement, the manager and staff team should:

- a) Consider inclusion of self-evaluation using the quality framework for care homes for older people within the quality assurance system.
- b) Update the existing improvement plan to include specific and measurable actions designed to lead to continuous improvements.
- c) Analyse and evaluate data collated from audits and adverse events and use this to focus on improving outcomes and quality of experiences for people.
- d) Review the effectiveness of actions put in place to ensure these elicit positive outcomes for the health, safety and welfare of people experiencing care.

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

'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

**This area for improvement was made on 26 July 2022.**

### Action taken since then

Significant improvement had been made towards meeting this area for improvement and therefore we evaluated this as met. The service had an improvement plan with specific and measurable actions designed to lead to continuous improvements. There were some areas of self-evaluation that the service could further improve upon and these have been identified in the main body of the report (**please see area for improvement 1 under the section, 'How good is our leadership?'**).

## 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
1.1 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	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.