

Dunmuir Park Respite Unit Care Home Service

The Rowans
11-12 Dunmuir Park
Castle Douglas
DG7 1LP

Telephone: 01556 504 343

Type of inspection:
Unannounced

Completed on:
6 October 2025

Service provided by:
Dumfries & Galloway Council

Service provider number:
SP2003003501

Service no:
CS2007147639

About the service

Dunmuir Park Respite Unit is registered as a care home service providing short breaks and respite to a maximum of three adults with a learning disabilities and/or a physical disability. The provider is Dumfries and Galloway Council.

The service is known locally by people supported, carers and staff as "The Rowans". It comprises of a modern bungalow situated next to Dunmuir Park Housing Support Service. Although located together, they are two separate services.

The service is close to Castle Douglas town centre and local amenities. Accommodation is accessible and there are three en-suite bedrooms, two large open plan lounge/kitchen areas and staff sleeping accommodation. The accommodation has the facilities to run as two smaller self-contained units. It is well maintained throughout with an enclosed garden.

The registered manager has an office base within the Dunmuir site. The senior support co-ordinator coordinates the day-to-day running of The Rowans and manages the small staff team.

At the time of inspection there was one person using the service.

About the inspection

This was an unannounced inspection which took place on 2, 3 and 6 October 2025 between 09:30 and 17:00. 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:

- spent time with one person using the service and spoke with two of their family and friends
- spoke with five staff and management
- received five completed questionnaires and
- reviewed documents.

Key messages

- Staff were very good at supporting people's health and wellbeing in a person-centred and compassionate way.
- Families had confidence in the service and felt listened to and involved in planning and reviewing support.
- Leadership was very good, with staff and families describing the management team as approachable, responsive, and committed to improvement.
- Opportunities for service user and stakeholder involvement in improvement were limited; strategies to strengthen this should be explored.
- Improvements had been made to ensure staff had access to regular supervision and team meetings supporting a collaborative workforce.
- Staffing arrangements were person-centred, flexible, and well-organised, supporting positive outcomes for people and their families.
- The environment was clean, fresh, and welcoming, with recent refurbishment including new furniture, bedding, and décor.
- Personal plans had been well-developed and included meaningful information that reflected people's interests and preferences.

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?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	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?

5 - Very Good

We evaluated this key question as very good, as we found significant strengths in how the service supports people's health and wellbeing. These strengths had a positive impact on people's experiences and outcomes.

Staff demonstrated a strong understanding of people's individual health needs, and support was delivered in a kind, caring and person-centred way. We observed positive interactions and relationships between staff and people using the service. Staff knew people well and responded to their preferences and routines, which helped people feel safe and valued.

People told us they felt well cared for and supported. One person said, "The staff try to accommodate my wellbeing very well. Will phone my mum if there's anything." Another commented, "The staff look after me well. Staff are aware of my need to eat and drink - I am underweight." These comments reflect a responsive and compassionate approach to health and wellbeing.

Relatives also expressed confidence in the service. One relative told us, "They understand him very well. Rowans staff are great at listening to my concerns." Another said, "Never looked back, really happy with it." These views were consistent with our findings and showed that family involvement and communication were very good.

Respite stays were planned well and outcome-focused, with clear goals and plans for respite stays such as swimming, cooking, and socialising. Daily notes showed people were supported to engage in meaningful activities including dancing, jigsaws, and personal routines. This helped people stay active and involved.

Health needs were clearly documented, including conditions such as asthma, cerebral palsy, and autism. Staff were kept up to date with changes through regular communication processes and opportunities for reflective discussions. This ensured that support remained relevant and effective.

Medication management systems were robust, and legal arrangements were clearly documented to ensure people's rights were upheld. As required medication protocols and risk assessments were mostly clear and current. We identified minor gaps in some topical medication charts which the management team had already identified via their own quality assurance. They discussed planned actions to ensure consistency and safety.

Staff supported people with personal care and nutrition in a way that respected individual preferences. For example, one person was supported to eat at their own pace in a way which helped them feel comfortable. Plans were updated regularly to reflect these preferences.

We heard positive examples of people developing skills and moving on to their own tenancies, which showed the service's enabling approach and commitment to supporting long-term wellbeing.

How good is our leadership?

5 - Very Good

We evaluated this key question as very good, as we found significant strengths in how leadership supports continuous improvement across the service. These strengths had a positive impact on outcomes for people and staff, and clearly outweighed areas for improvement.

Leadership was described as approachable, responsive, and action-oriented, with staff and families expressing confidence in how the service is managed. One relative told us, "Even if the senior isn't there, staff are very approachable. I've never found anyone not approachable - I can always say something." This reflects a positive culture of openness and trust.

There was a whole-service approach to improvement, with a range of staff involved in oversight. Staff were engaged and motivated, and described feeling empowered to contribute to service development. Regular team meetings were now taking place and were well-attended, with structured agendas and clear follow-up actions. Staff shared observations and ideas, such as identifying inaccuracies in personal plans and raising concerns about wellbeing, demonstrating reflective practice.

Systems and processes supported effective oversight. Audits of personal plans were carried out regularly, with clear evidence of actions being followed up. Environmental audits were now taking place resulting in improved oversight and health and safety. Senior staff led these audits, ensuring accountability and follow-through.

Systems were in place to monitor and record accidents and incidents in the service. We saw evidence of appropriate actions being taken to keep people safe. Staff had been reminded of best practice during team meetings which ensures people are safeguarded from risk of harm.

Although service improvements had been taking place, there was not a documented service improvement plan to capture specific areas of focus for the service. The management team were agreeable to develop one tailored to the service. Discussions with senior staff showed clear areas of development for The Rowans, and we saw evidence of these being progressed during the inspection. This reflects a proactive and integrated approach to improvement. Development of a service improvement plan and incorporating the use of self-evaluation will support a culture of continuous development. (See area for improvement 1)

Complaints and compliments were tracked using a spreadsheet overseen by the registered manager. Concerns were logged and escalated appropriately. Compliments were regularly received, especially via post-visit calls, although recent entries had not been logged in the correct format. This suggests a minor inconsistency in updating records, which should be addressed to ensure all feedback is captured in line with the service policy and support continuous service improvement.

Service user involvement in improvement was limited. One person said, "I am not involved much in how the service is run as I use it for respite." While there were good opportunities for pre- and post-respite feedback, the service should consider strategies to ensure people and stakeholders are more involved in shaping future service developments. This would help ensure their voices are reflected in the continuous improvement processes. (See area for improvement 2).

Areas for improvement

1. To support a culture of continuous improvement, the service should develop an outcome focused service improvement plan. Progress made towards identified actions should be recorded and monitored to support good outcomes for people. Consideration should be given to the use of self-evaluation tools to support the development of the service improvement plan.

This is to ensure that care and support is in line with the Health and Social Care Standards (HSCS) which state: "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6).

2. The service should improve opportunities for people using the service and stakeholders to be involved in feedback and opportunities to shape and develop the service. Improved participation in service development will ensure care and support is person-led and people's voices are heard.

This is to ensure that care and support is in line with the Health and Social Care Standards (HSCS) which state: "My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions" (HSCS 2.11) and "I am supported to give regular feedback on how I experience care and support and the organisation uses learning from this to improve" (HSCS 4.7).

How good is our staff team?

5 - Very Good

We evaluated this key question as very good, as we found significant strengths in staffing arrangements and team working that supported positive outcomes for people. These strengths clearly outweighed any areas for improvement.

People told us that staff were consistently respectful and caring. One person said, "All staff are extremely respectful and caring," and another commented, "The staff are always polite and very helpful." This reflects a positive and compassionate culture within the team.

Relatives also spoke highly of the service, describing it as well organised and flexible. One relative told us, "Very good well organised stays, accommodating around us." Another said, "Staff are easy to approach, easy to ask, nothing is a bother." These comments show that staffing arrangements are responsive and person-centred, supporting both individuals and their families.

Staffing levels were appropriate to meet people's needs. An annual planner helped organise visits effectively. The service worked closely with other professionals to ensure that people received the right level of support for their needs and planned outcomes.

Staff worked well together and alongside other professionals to meet people's needs while promoting independence. Communication between staff and social workers was described as effective, supporting a multi-disciplinary approach to care.

Supervision and competency checks of staff practice were now taking place more regularly. Staff described supervision as valuable, reflective, and supportive, and noted improvements since the last inspection. There were processes in place to support staff wellbeing, leading to a positive team culture.

Staff development was supported through SVQ progression and training opportunities. A training matrix was in place and showed good compliance with mandatory training. The manager was actively updating missing data and tracking progress. While some gaps were identified these were being addressed.

How good is our setting?

5 - Very Good

We evaluated this key question as very good, as we found significant strengths in the quality of the environment and how it supported people's comfort, dignity, and wellbeing. These strengths had a positive impact on people's experiences and clearly outweighed any areas for improvement.

People told us the environment was "safe, secure, with a lovely inner courtyard". Although one person noted "it's not my own room as it's only a respite room", they felt comfortable bringing personal items such as their own quilt and pillow. This reflects a welcoming and adaptable environment that supports people to feel at ease during their stay.

Relatives described the environment as "clean and fresh" and "very clean and tidy", with no concerns. We saw evidence of recent refurbishment, including freshly painted units, new mattresses, bedding, and furniture. Bedrooms were bright and well-maintained, and communal areas were inviting, with soft furnishings and personal touches that contributed to a homely atmosphere.

Facilities supported comfort and dignity, with ensuite wet rooms and communal bathrooms in good condition. Furniture and fittings were generally in good order, and environmental audits were in place to monitor and address any issues. Staff followed procedures for logging repairs, and maintenance was actioned timeously, showing responsive and effective systems.

Health and safety systems were robust. Daily environmental checks were completed regularly. Cleaning schedules and infection prevention and control (IPC) guidance were clear and consistently followed. Fire safety procedures were in place, with regular drills and alarm tests to keep people safe. However, some outstanding actions (e.g., fire extinguisher replacement, door repairs) had not yet been completed. A central tracker would improve oversight and ensure timely follow-up.

While monthly audits were generally completed, some inconsistencies were noted. For example, blank forms for first aid box checks. Introducing a centralised system to monitor audit schedules would support greater consistency and accountability.

Unit 12 was being used for equipment storage, and plans were in place to improve outdoor storage. The Kings Fund environmental assessment tool was displayed but not yet completed. The manager planned to use this to further assess and improve the environment, particularly in relation to dementia-friendly design, although the service was not currently supporting people with dementia.

There were clear plans for ongoing development, including creating an enclosed garden space to enhance outdoor access and safety.

Overall, people using the respite service experienced high-quality, well-maintained facilities that supported comfort, dignity, and wellbeing. There was clear evidence of investment and improvement since the last inspection, and the environment was underpinned by strong systems and a commitment to continuous development.

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good, as we found significant strengths in how personal planning was carried out and how it supported positive outcomes for people. These strengths had a meaningful impact on people's experiences and clearly outweighed any areas for improvement.

Personal plans were comprehensive, person-centred, and regularly reviewed, with clear links to people's health, preferences, risks, and goals. Plans included detailed information about routines, communication styles, and individual preferences. Updates were made following changes in circumstances, such as bereavement or health needs, showing a responsive and dynamic approach to planning.

Legal documentation was in place and up to date, including guardianship orders, consent forms, and service agreements. This supported safe and accountable practice.

There was strong evidence of outcome-focused planning. Plans captured people's personality, preferences, and routines. Regular engagement with people's family, demonstrated a commitment to collaborative care. Plans were updated to reflect changes in health, behaviour, and preferences, and were regularly audited.

Health-specific plans were in place where needed, such as epilepsy. Nutritional guidance was detailed, including preferences for food presentation and high-calorie options. There was evidence of staff following the care plans documented in daily notes, which ensures people's needs are being met.

Family feedback was very positive. One relative told us, "Rowans staff are great at taking on board listening to my concerns to ensure he has enough to eat and drink." This highlights the importance of capturing risk clearly in personal plans to ensure staff are fully informed and responsive.

Communication plans were in place and included strategies for supporting non-verbal communication, choice-making, and managing frustration. Behavioural guidance was also included to help staff respond appropriately and respectfully.

Personal planning was strong, responsive, and clearly linked to outcomes. Plans reflected people's identities, health needs, and preferences, and were supported by regular reviews and family involvement.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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