

## Dorward House Care Home Service

24 Dorward Road  
Montrose  
DD10 8SB

Telephone: 01674 673 871

**Type of inspection:**  
Unannounced

**Completed on:**  
16 October 2025

**Service provided by:**  
Dorward House, Montrose

**Service provider number:**  
SP2018013136

**Service no:**  
CS2018367490

## About the service

Dorward House is a care home for older people situated in a residential area of Montrose. It is close to shops and community services. There is a bus service and train station nearby. The service provides residential care for up to 40 people. The service was at capacity at the time of this inspection.

Accommodation is arranged over two floors, in single bedrooms with en suite shower facilities. There are two distinct parts to the accommodation, the original house built in 1839 and a newer part, Fairview unit, which was completed in 2008. People can choose from a number of lounges and dining areas in the main building or enjoy the privacy of their own rooms. The home is surrounded by well tended gardens which are partly enclosed, allowing residents of the Fairview unit free access. There is a large modern garden building, known as the Jean Adam Pavilion, which has access to power, water, and toilet facilities.

The service is an independent service with a board of directors.

## About the inspection

This was an unannounced inspection which took place on 12, 13, and 15 October 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 three of their family
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- reviewed feedback from visiting professionals.

## Key messages

- Staff were very good at developing meaningful relationships with people.
- Leaders were highly knowledgeable about all aspects of service delivery.
- People were connected to their local community.
- Some improvement is needed with information sharing across the team.
- Improvement should be made to information held in personal 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?	5 - Very 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. There were very few areas for improvement and opportunities were being taken to strive for excellence within a culture of continuous improvement. We have, therefore, evaluated this key question as very good.

People's needs had been holistically assessed and some of this information had been transferred into people's personal plans. The service was using both an electronic system for recording care and some information was retained in paper format. Further work is needed to develop the electronic care plans to ensure that people's information is contained in one place and that information is of sufficient detail to ensure that people continue to receive care and support that meets their needs and preferences.

For everyone using the service there should be individual records of at least four-weekly assessments of people's physical, social, psychological, and recreational needs and choices and how they will be met. We saw that a monthly dependency score was calculated, however information relating to how the score was arrived at was not available and we could not be confident in the assessment process (see area for improvement 1).

People and their families told us that they were very much involved in decisions about healthcare. They told us that they felt their views were "respected and listened to". As a result, people felt in control of their care.

Staff knew people very well and had developed strong bonds with them. They were alert to changes in people's presentation that may indicate a decline in health, making referrals to relevant health professionals at an early stage.

The service engaged well with local GPs and the district nursing team. There was evidence of close working with the Angus care home support team and other specialist services, including the mental health liaison team. These partnerships had had a positive impact on people's experiences and health outcomes.

Improvement had been made with falls management. Staff had completed training and personal plans contained assessment and management of risk along with relevant information to support good mobility. Leaders had developed a tool to support the collection of falls data. As a result, information was able to be effectively analysed and actions taken to reduce the likelihood of further falls where possible.

Skin care was managed well. Staff were vigilant in ensuring that application of skin emollients was completed as directed by the prescriber. Where people did experience skin breakdown, the service engaged with relevant medical professionals to manage this appropriately.

People's nutrition and hydration needs were being met. People were offered a variety of fluids throughout the day and staff prompted and reminded people to drink. People told us that the food was "excellent" and "of a very high standard". The menu was varied, people were offered a choice of nutritious meals, sweet treats, and home bakes. Portion sizes were appropriate to meet people's needs and those who required support to eat received it in a dignified manner.

Overall, medication practice was consistent with best practice guidance. Staff had completed training relevant to their role and leaders had addressed the importance of adhering to guidance. When we spoke

with staff they demonstrated very good working knowledge about the safe administration of medication and, in particular, the administration of controlled drugs and covert medication.

While the administration of 'as required' medication was completed correctly, there were some minor issues with record keeping which the service's quality assurance processes had failed to identify. While the impact to people would be limited, staff should continue to improve upon record keeping of medication administration.

The service had engaged with health professionals to support the reduction of psychoactive medication and used alternative approaches to manage stress and distressed behaviours, using psychoactive medication as a last resort.

The staff team, including those without a direct care role, were very skilled at managing people's stress and distress. We saw lots of kind and gentle interactions between staff and residents. Staff used strategies to redirect people and provide comfort and reassurance.

Where people were no longer able to make decisions, supporting legal documentation was available in people's plans. When we spoke with people's representatives, they confirmed that the service were very good at engaging with them and updating them about their loved one's care. This contributed positively to people continuing to receive care and support that would align with their wishes.

Staff had completed training to protect vulnerable adults. When we spoke with staff, they were able to identify what might present as a sign of harm, what actions they would take, and who to escalate information to. Together, this contributes to keeping people safe.

The service recognised the importance of meaningful connection. We saw and heard how families and friends were encouraged to be involved and maintain contacts with their loved ones. There was an open visiting policy and family visitors had access to door key codes. This gave people confidence about the transparency of the service. Families told us that they were made to feel welcome and that staff knew them by name. We heard that communication between the service and family was very good and that there was a feeling of working in partnership.

There were systems in place for sharing information about people at the start of each shift. This meant that care staff were aware of what was happening for people. It is important that more formal information sharing processes are in place for staff whose roles may not be directly related to care, as they sometimes carry out duties that may impact on people experiencing care.

The service was very good at discussing end of life care with people and their families in a sensitive way. They also respected people's decision where they did not wish to discuss this. Personal plans detailed people's preferences and wishes for end of life care and staff had engaged in training and were passionate about ensuring people received a high standard of care and comfort during the last stages of their lives.

### Areas for improvement

1. To ensure that people's care continues to be supported by the right number of staff, the service should complete individual records of at least four-weekly assessments of people's physical, social, psychological, and recreational needs and choices and how they will be met.

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).

## How good is our setting?

## 5 - Very Good

We found major strengths in supporting positive outcomes for people in relation to the environment.

The home was welcoming, calm, clean, and fresh. Thought had been given to making corridors and communal spaces cheerful and interesting spaces, with places for people to rest as they walked through the building. People were able to spend time outdoors. People living in the Fairview unit were able to freely access an enclosed garden, while those in the main building were supported by staff to access the gardens and pavilion.

People were able to choose where to spend their time. There were a variety of communal spaces to choose from and people's visitors could book small lounges to enjoy privacy during their visits.

Bedrooms were homely and personalised. People furnished their rooms with items from home, including their pictures and photographs. As a result, people felt more attached to their environment.

Some people's care was supported by the use of technology. The service used motion sensors as part of its falls management strategy. While the use of technology may contribute to safety and independence for people, it is important that best practice guidance is followed (see area for improvement 1).

Infection prevention and control was being well managed and staff were following national guidance. Housekeeping staff performed at a high standard, keeping all areas of the home fresh and clean, and quality assurance processes monitored performance of staff to ensure compliance. As a result, the risk of infection and cross-infection was reduced.

There were systems in place for regular maintenance and repairs and staff were very good at identifying and reporting environmental concerns and all relevant safety certificates were available and in date. Maintenance staff advised that there were no issues with supplies and that leaders were responsive to requests for any service that required to be outsourced. As a result the environment was kept in a good state of repair.

The service had recently been subject to a routine local authority health and safety check. Where recommendations had been made, actions had already been taken to improve.

## Areas for improvement

1. To ensure that people's rights are upheld when using technology to support care, the service should ensure that best practice guidance is followed.

To do this, they should at a minimum:

- a) Engage with the resident, or their representative, to complete an outcome-focussed assessment, risk assessment plan, and support plan following assessment.
- b) Regularly review assessments and plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If my independence, control, and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum, and carried out sensitively' (HSCS 1.3); and 'My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate and that I am involved in deciding how it is used' (HSCS 2.7).

## 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

The manager should ensure that medication records reflect good practice.

This includes but is not limited to:

- Hand written entries should be dated and double signed with a reference to the prescriber's instruction.
- The use of topical applications should be accurately recorded.

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).

**This area for improvement was made on 19 August 2024.**

#### Action taken since then

Staff in the service had completed medication training relevant to their role and leaders had addressed the importance of adhering to best practice guidance. When we spoke with staff they demonstrated very good working knowledge regarding the safe administration of medication and, in particular, the administration and management of controlled drugs and covert medication.

The service had engaged with health professionals to support the reduction of psychoactive medication and used alternative approaches initially to managing stress and distressed behaviours, only using psychoactive medication as a last resort.

While the use of 'as required' medication was administered correctly, there were some minor issues with record keeping and staff should continue to improve upon this.

Topical medications were being administered and from records reviewed, staff had improved upon record keeping practice.

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

#### Previous area for improvement 2

In order to ensure that people's mobility is supported and the risk of falls minimised, the manager should review current documentation and make further improvements that reflect best practice in this area.

This includes:



- Ensuring everyone has a multi-factorial falls risk assessment completed.
- Personalised falls care plans are developed for everyone.
- That documentation is reviewed regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

**This area for improvement was made on 19 August 2024.**

#### Action taken since then

People's plans contained person-centred information regarding mobility and risk assessment and management of falls. Where people had experienced a fall, staff updated information in line with best practice.

The provider had developed a system in which information was analysed and audited regularly so that patterns could be identified and remedial action taken, where possible.

Staff had completed training for management of falls and when we spoke with staff they were able to identify individuals who were at high risk and what measures were in place to reduce risk.

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

#### Previous area for improvement 3

In order to ensure that people are safe, the manager should ensure that recruitment processes reflect good practice. This includes completing and maintaining a record of all safer recruitment checks prior to staff commencing in post.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

**This area for improvement was made on 19 August 2024.**

#### Action taken since then

The provider was, overall, following good practice guidance in relation to safer recruitment.

A pre-employment checklist formed part of the provider's recruitment processes and leaders were aware of what information had to be in place prior to new staff commencing in post.

We identified one minor issue during inspection, however the service resolved this during the course of the inspection. We reminded the provider that where there were issues in obtaining references due to gaps in employment, this should be fully explored and documented.

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