

Parkdale Care Home Service

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Type of inspection:
Unannounced

Completed on:
29 October 2025

Service provided by:
Perth & Kinross Council

Service provider number:
SP2003003370

Service no:
CS2003009740

About the service

Parkdale is a purpose built care home for older people situated in a residential area of Auchterarder, close to local transport links, shops and community services. The service provides residential and respite care for up to 40 people.

The service provides accommodation over one floor split into four units. Accommodation is in single rooms each with en-suite toilet and wash hand basin. There are sitting rooms and dining areas in each unit and a large communal function room for larger gatherings. There are also accessible, well-tended gardens.

About the inspection

This was an unannounced inspection which took place on 28 and 29 October 2025. The inspection was carried out by three 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 nine people using the service and three of their relatives;
- spoke with six staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- People told us they were happy with their care and support.
- Staff knew people well and were seen to be respectful of their individual wishes and preferences.
- The service's infection, prevention and control measures needed to improve.
- The service's quality assurance systems need to improve to support a culture of continuous improvement.
- Staff would benefit from regular supervision.

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?	4 - Good
How good is our setting?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We observed many kind, warm and natural interactions between staff, people living in the home and their relatives. Throughout the home, the atmosphere was calm and relaxed with staff who were respectful in their approach with people.

People told us that they were happy with their care and support. They were positive about staff, who they thought worked well together. Comments from people included: "I really appreciate the staff's kindness. They'll do anything for me", "the staff are great with Mum, she's well cared for and the place is always immaculate" and "Mum is happy here. I'm kept up to date and know I can approach staff at any time." This meant that the service understood the positive impact positive relationships play in promoting and maintaining the wellbeing of people living in Parkdale.

People experiencing care should expect to have access to healthy meals and snacks which meets their cultural, dietary needs and preferences. People had access to fresh drinks and snacks throughout the day. We observed people enjoy a relaxed, unhurried mealtime in the dining rooms, although they could choose to eat in their own room if they wished. Meals looked appetising although feedback on the quality of food was mixed. One person said "I find the food here pretty good and there's always a choice if I don't like what's on the menu" whilst another said "the food here isn't great, the mince is tasteless." The manager told us that a new chef had recently been recruited to improve the standard of food and mealtimes within the home.

People should expect their health to benefit from the care and support they receive. The home had good links with external health professionals. We could see appropriate referrals to a range of health professionals including podiatry, the local GP surgery and social work department. This meant that people could be confident that they received the right care at the right time.

There had been some medication errors such as missed or wrong doses that had been reported appropriately prior to the inspection. The service had taken steps to reduce the number of errors and we provided further suggestions and guidance to improve staff practice. We observed a robust medication audit process, displaying consistent senior staff and management oversight. We will continue to monitor any further medication errors and support the service to sustain improvements.

Overall, we found the home was generally clean and tidy. Housekeeping and domestic staff had good awareness of the requirement for enhanced cleaning and laundry management. They were aware of the correct detergents to use.

We viewed people's rooms and found them to be fresh and clean. However, in two shower rooms we found equipment that needed replaced as it was rusty. Also, staff were not always disposing of their personal protective equipment (PPE) in the appropriate containers. This was not satisfactory and could cause risks to staff, people living in the home, and visitors. We also found that although staff attempted to clean pullcords, they did not have a cleanable surface and as a result appeared dirty and we could not be confident that they were free of contamination, this was dealt with immediately (see requirement 1).

Requirements

1. By 12 November 2025, 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 processes such as enhanced cleaning schedules and regular quality assurance checks of equipment undertaken are in place; and

b) ensure that clinical waste is disposed of in a manner which takes account of the most up-to-date guidance from Health Protection Scotland.

This is in order 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).

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question, as strengths just outweighed weaknesses. While we found leadership that clearly demonstrated the principles behind the Health and Social Care Standards, improvements were needed in order to build on the strengths and address elements which were not contributing to positive outcomes for people.

There had been a change in the management team since the previous inspection and the interim manager had a comprehensive overview of the service including accidents and incidents, complaints and people's health care needs, including nutrition and medication management. Wide-ranging quality assurance processes were in place in relation to infection prevention and control. However, these processes were not being used effectively to ensure that environmental concerns were identified and addressed to reduce the risk of harm to people (see Key Question 1 "How well do we support people's wellbeing?" for details).

The service had an improvement plan in place which was being regularly updated and evidenced the improvements that have taken place in the home. There was also evidence of people living in the home and their families being involved in the decision making of service delivery.

Safe systems were in place to safeguard people's finances.

A staff supervision tracker evidenced that not all staff were being offered supervision in line with the provider's policy. Some staff spoken with said they had received supervision whilst others had not. This needs to be addressed to enable all staff to meet with a line manager on a one-to-one basis (see area for improvement 1).

The interim manager demonstrated a good understanding about what was working and what improvements were needed. There was a commitment to development and improvement, taking feedback from the inspection forward, and ensuring that people receive a high standard of care.

Areas for improvement

1. Staff supervision should be provided to allow staff time to meet with a senior member of staff to discuss and reflect on their work practices, issues or concerns.

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).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

People should expect to have their needs met by the right number of people.

On the days of our visit, we saw that there were sufficient staff to support people with daily, planned and unplanned activities. Staff were clear about their roles and were deployed effectively. Staff helped each other by being flexible in response to changing situations, to ensure care and support was consistent and stable.

Staff were motivated and good team working meant that staff spent as much time as possible with people. We saw warm and compassionate interactions and conversations in communal spaces. This showed us that staff had time to engage in meaningful conversation over and above more scheduled tasks.

The managers of the service were confident that if people's needs were to change, this would be reflected in dependency tools and additional staff would be deployed. We could be confident that people were supported by the right number of people.

Recruitment files sampled illustrated that the service was following safe recruitment practices. Pre-employment and, where relevant, Home Office checks, were being completed and all staff who required registration with the Scottish Social Services Council (SSSC) and Protecting Vulnerable Groups (PVG) scheme, were registered. People could be confident that the service was following safe recruitment practices which protected their safety and welfare.

How good is our setting?**3 - Adequate**

We assessed this key question as adequate. While these strengths had a positive impact, key areas needed to improve. The focus was on the quality of the facilities.

People benefited from a comfortable environment with easy access to fresh air, natural light and sufficient space. There was good signage throughout the home to help people find their way around.

People benefited from various areas outwith the main areas to enjoy a drink or snack, reading and relaxation. People living in the home have access to outdoor areas and gardens from various locations within the home. Garden areas were safe, accessible, well-kept and welcoming, with raised flower beds and pots. When weather permitted, activities were held outside which enabled people to feel more connected to their local community.

People told us they were able to personalise their bedrooms with photographs and items from home to help them make their own space. We saw this to be the case as bedrooms were individual to each person.

The service benefited from a dedicated maintenance staff member who had good working relationships with the care staff team. Communication was good and this gave confidence that any matters of concern would be promptly addressed. Maintenance records were well kept, and oversight of these documents was in place.

The service does not have a dedicated, reliable internet connection. Access to reliable Wi-Fi is now a key component of living and keeping in touch with family members and friends. The service should consider implementing accessible Wi-Fi in the home to ensure people can access the internet when they need to. This will be of benefit particularly to those who use smart devices.

As referenced under key question one, we found that areas of the home were not as clean as we would expect and have made a requirement to address this (see Key Question 1 "How well do we support people's wellbeing?" for details).

How well is our care and support planned?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People's needs were assessed by the service before they moved in so that people could be confident their needs would be met. Information from this assessment formed the basis for people's care plans which demonstrated that staff understood and were clear about people's health and wellbeing needs.

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support, as well as details of personal interests and preferences. Care plans viewed, contained information which was detailed, person-centred and reflected people's preferences and routines. We saw that relevant care plans and risk assessments, were in place and regularly updated. Risk assessments were completed which focused on assessing and reducing risk in areas of care such as nutrition and hydration, falls prevention, skin integrity, and moving and handling. This informed staff practice on how people's care and support was to be provided.

People's choices and preferences had been discussed and recorded so that all staff were aware of what the person wanted and respected their wishes. People's plans were reviewed regularly. This helped to ensure that the person and their representatives could determine if the support they received was working well or if any further adjustments were needed to be made. This helped ensure that people's needs, as agreed in their care plan, were fully met and their wishes and choices were respected.

The service had recently moved over to electronic recording of daily notes. These were completed well and gave a good overview of how the person had been supported.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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

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

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