

# Robert Douglas Memorial Home Care Home Service

51 Abbey Road  
Scone  
Perth  
PH2 6LL

Telephone: 01738 551 184

**Type of inspection:**  
Unannounced

**Completed on:**  
4 November 2025

**Service provided by:**  
Robert Douglas Memorial Home

**Service provider number:**  
SP2003002124

**Service no:**  
CS2003009769

## About the service

Robert Douglas Memorial Home is located in the village of Scone, Perthshire and is registered to provide residential care to a maximum of 17 older people. Accommodation is provided on both the ground and first floor. All bedrooms are en-suite, two of which also have shower facilities.

The stated ethos of the service is "to provide a homely, friendly environment with the emphasis on promoting individuality, independence and well-being; to recognise each resident as a unique individual and to provide holistic care, which fulfils their individual needs."

Robert Douglas Memorial Home is owned by the Robert Douglas Foundation Trust.

## About the inspection

This was an unannounced inspection which took place on 29 and 30 October 2025, between the hours of 0900 and 1630 hours. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- discussed care practice and support provided with people and their relatives, and staff members
- spoke with nine people using the service
- spoke with five relatives of people using the service by telephone
- spoke with seven staff and management
- received feedback through care standards questionnaires from eight relatives of people using the service, seven staff members, and two external professionals
- observed care practice and daily life
- reviewed documents.

People indicated that they were very happy with the care and support provided, and praised the staff and management of the service.

## Key messages

- People's support around their health and wellbeing was assessed as being excellent.
- Staff were described as 'friendly and obliging' and we were told that they 'really cared about people'. It was clear that people were respected and treated as individuals.
- We were told by people and their relatives that the home was 'excellent' and had a 'family atmosphere'.
- There was confidence that people's health and social care needs could be met by staff employed by the service, with input from external professionals where needed.
- Care plans supported excellent standards of care and support, and regular reviews involved people and their relatives/representatives.
- People told us that they 'loved' the activities provided by the home and that they made a difference to their daily lives.
- The home was clean and well maintained.
- Since the last inspection, several improvements had been made to the home's environment. Going forward, we hope to see further improvements to support people living with dementia move around the home independently.
- Where possible, outside areas (including the rear courtyard) could be made more usable for people.

## 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? | 6 - Excellent |
| How good is our setting?                   | 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?

6 - Excellent

We evaluated this key question as excellent where performance was sector leading with outstandingly high outcomes for people.

The home's atmosphere was relaxed and welcoming. Staff were very kind and caring, and they knew people and their relatives well. People told us that staff were 'friendly and obliging' and that they 'really cared about people'. They also stated that the home was 'excellent' and had a 'family atmosphere'.

Staff respected people's choice and preferences, and people's routines were individualised. Staff were aware of what people could do for themselves and provided assistance at a level which allowed them to maintain their personal skills and independence. This is important in reducing people's reliance on others and promoting their self-care skills and sense of independence.

Mealtimes are an important feature in people's lives. They provide nutrition, which is important for people's health, and they also provide opportunities to socialise. It was positive to see that the chef was visible with the kitchen being an integral part of the home. People were asked their preferences prior to meals being served, and alternatives were available on request. Fresh ingredients were used for meals and people gave very positive feedback about the quality of food. Some people chose to sit at specific tables for their meals, with other people being asked where they wanted to sit. This promoted choice and allowed people to vary their contacts over the course of each day.

People could be confident that their health and social care needs were met by staff employed by the service, with input from external professionals where needed. Healthcare needs were subject to robust assessment, with prompt referrals made to health professionals for advice and treatment. The service had developed good relationships with, amongst others: GPs, district nurses, the mental health liaison team, the local pharmacy, dentists, dietitians, and opticians.

Staff received training on relevant health and social care topics, which helped ensure that they could recognise the need to seek advice from other professionals. This included, for senior staff, the administration of medication.

Procedures for managing the administration of medication were robust and subject to audit and management review. The potential for errors was easily recognised and any problems quickly remedied. This kept people safe from harm.

Care plans supported excellent standards of care and support. Communication with people and their relatives was very strong. People told us that they were 'kept well informed' and that they could speak to staff and managers at any time. They also appreciated the home's monthly newsletter, which told them about past activities and planned events.

Regular reviews involved people and their relatives/representatives. Appropriate legal frameworks were in place for those who needed help around decision-making, and we heard about involvement of independent advocacy services. This meant that people could be assured that their views were recognised when assessing their ongoing care and support needs.

We were impressed by the service's approach to end-of-life care. External health professionals were involved to make people comfortable and, wherever possible, people's wishes were respected. Care plans clearly reflected anticipated care needs and we were told about the manager's excellent skills in discussing end-of-life care with people and their relatives/representatives.

There were strong links with the community through participation in local groups. The home also welcomed visitors and arranged regular entertainment. An activities coordinator was employed Monday to Friday, but also accommodated special events outside these hours. A wide range of activities were provided, including: 'CareSound Radio' broadcasts; pet therapy visits; twice-weekly keep-fit 'Live Active' sessions; live entertainment, such as concerts, singing, and dancing; local church hall Fellowship lunches; tea dances; regular Gospel Choir visits; nursery school visits; and, puppet shows. Birthdays and personal events were also celebrated, with national sports events and television programmes of interest (such as 'Strictly Come Dancing') followed. People told us that they 'loved' the activities and that they made a difference to their daily lives.

Beyond the above activities, some people were involved in compiling their life stories. This was a very positive experience for the people involved, which allowed for story telling, reflection, and wider learning about people's individual interests and achievements.

Beyond the input of the activities coordinator, care staff were motivated to involve people in wider social activities and physical exercise. This happened at times when people's direct care needs were less demanding. Care staff were skilled and attentive in providing people's direct care and support needs. They also sought to encourage activities on a routine basis, and provided meaningful interaction while supporting people's personal care.

In order to maintain and improve the service's very high standards of care, it will be important to continually review people's needs, especially around social activities and physical exercise. Going forward, people are likely to present with more complex needs, and more time will be required for individual attention and motivational interactions. The service managers acknowledged and recognised the need to be proactive in meeting people's current and future needs.

## How good is our setting?

## 4 - Good

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

The home was clean and in general good order. It was well maintained with a clear record of repairs and maintenance checks. People had access to suitable equipment to support their care, and a stair lift allowed those living on the upper floor easy access to their rooms.

Appropriate infection prevention and control procedures were in place, and robust audits helped ensure that high standards related to the premises could be sustained. People could therefore be confident that they lived in a safe and pleasant environment.

Since the last inspection, improvement work had continued, with new laundry equipment installed and plans in place to provide a hairdressing salon/pamper room. Further interior decoration was also scheduled. Corridors had been designed with a 'woodland walk' theme and exercise stations to encourage people to move around.

Some people said that the courtyard to the rear of the building could be made more attractive and welcoming. We understand that 'Paths for All' had visited to assess development of the gardens around the home; however, it is likely that opportunities may be limited due to lack of space. Nevertheless, we recognised the efforts made to obtain advice and hope to see future developments which would make outside areas more usable for people. We noted that recent work had been completed to the front garden to create a pleasant sitting area with exercise stations.

Further work could be done to develop signage and colour schemes to help those with cognitive impairments find their way around the home more easily. We were informed that the service used the King's Fund Environmental Assessment Tool and had engaged with Stirling University's Dementia Services Development Centre in planning improvements to support people living with dementia. We hope to see further work in this area at future inspections.

## 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?                             | 6 - Excellent |
| 1.3 People's health and wellbeing benefits from their care and support | 6 - Excellent |
| How good is our setting?   | 4 - Good      |
| 4.1 People experience high quality facilities                          | 4 - Good      |

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Compass House  
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