

# Drummohr Nursing Home Care Home Service

47a Drummohr Gardens  
Wallyford  
Musselburgh  
EH21 8BH

Telephone: 01316 533 737

**Type of inspection:**  
Unannounced

**Completed on:**  
21 November 2025

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300690

## About the service

Drummohr Nursing Home is located in Wallyford, East Lothian. It is registered to support up to 60 adults, the provider is HC-1. At the time of this inspection the service was providing support to 60 adults. It sits close to local shops and bus routes. The home provides accommodation over two floors, each bedroom is ensuite.

First floor access is via a lift or stairs. Communal areas offer lounge and dining for people with small pantries close by. In addition bathing and toilet facilities are located on each floor. Outside garden spaces are located to the front and side of the home but are not secure.

## About the inspection

This was a follow up inspection which took place on 6 November 2025. The inspection was undertaken by two inspectors from the Care Inspectorate. Further information was provided by the manager on 13 November 2025 at the request of the Care Inspectorate. This inspection was undertaken to follow up on requirements made after a complaint investigation which took place on 16 September 2025.

## Key messages

Staff dependency tools were being used to set a baseline for staffing requirements.

Improvements had been made to the recording and tracking of wound treatment plans.

Pressure ulcer workbooks had been introduced to improve staff knowledge.

## How good is our leadership?

Following a recent complaint investigation, we made a requirement for the provider to demonstrate the service has systems in place to ensure that the needs of people experiencing care are regularly assessed, monitored and adequately met. At this inspection we assessed the requirement as met. However, we identified the need for an Area for Improvement to ensure continued clinical oversight of people's changing and / or deteriorating health and wellbeing.

Please refer to 'What the service has done to meet any requirements made at or since the last inspection'.

### Areas for improvement

1. To ensure positive outcomes for people, the provider should ensure there is effective clinical oversight of people's noted deteriorating health and wellbeing. This should include, but is not limited to, ensuring observations are being undertaken and recorded in line with expectations, and medical advice and guidance is sought when necessary.

## How good is our staff team?

Following a recent complaint investigation, we made a requirement for the provider to demonstrate the service has systems in place to ensure that the needs of people experiencing care are regularly assessed, monitored and adequately met. At this inspection we assessed the requirement as met. However, we identified the need for an Area for Improvement to ensure staff were supported to maintain their skills and knowledge in recognising and reporting the potential signs of deteriorating health and wellbeing.

Please refer to 'What the service has done to meet any requirements made at or since the last inspection'.

### Areas for improvement

1. To ensure positive outcomes for people, the provider should ensure staff maintain the skills and knowledge to identify and report signs of deteriorating health and wellbeing. This will enable responsive support that reflects people's changing needs.

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

### Requirements

#### Requirement 1

By 03 November 2025, the provider must demonstrate the service has systems in place to ensure that the needs of people experiencing care are regularly assessed, monitored and adequately met. This must include, but not limited to, ensuring:

- a) There is a clinical governance process in place which promotes person centred care and ensures good outcomes for people;
- b) People's pain must be frequently assessed, monitored and managed effectively;
- c) Registered nurses and care staff have the necessary clinical skills, knowledge and experience to assess when people require further assessment, investigations or treatment;
- d) Staff will record accurate and detailed information in the appropriate documentation and are aware of the importance of good record keeping, in accordance with the Scottish Social Services Council Code of Practice, Section 5.2 and the Nursing and Midwifery Councils; The Code Sections 42 and 43;
- e) Managers' monitor and audit the health needs of people.

To be completed by: 03 November 2025

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SS1 2011 / 210)

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

**This requirement was made on 16 September 2025.**

#### Action taken on previous requirement

This requirement was made following a complaint investigation. Upon receipt of the complaint report, the provider submitted an action plan detailing how this requirement would be addressed to ensure good outcomes for people experiencing care.

Pain assessments were in use and were recorded in people's care plans. Staff were knowledgeable about when these would be used and how they could support the overall assessment of the person's health and wellbeing especially when people were not able to state what level of pain they were experiencing.

Staff had completed RESTORE2 AND RESTORE2 mini training and spoke positively of the impact of this

training on their practice. Noted changes to people's presentation and wellbeing were being clearly documented within care plans, and clinical observations were being regularly recorded when necessary. To ensure staff maintained and enhanced these skills to ensure positive outcomes, we have made an area for improvement about this, and will follow this up at our next inspection. Please refer to How good is our staff team?

The management team had a good knowledge of people's health and wellbeing and attended daily flash meetings. Further action was required to ensure the clinical oversight and auditing of actions taken when people's health was deteriorating. We have made an area of improvement about this. Please refer to How good is our leadership?

**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 ensure good outcomes for people, the provider should ensure peoples' families are kept up to date with their changing health and wellbeing. This should include, but is not limited to, ensuring care plans reflect the family's wishes regarding being contacted, and notes are reflective of calls made or attempted to share communication.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

**This area for improvement was made on 16 September 2025.**

#### Action taken since then

This area for improvement was not assessed at this inspection visit.

### Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

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