

Durnhythe Care Home Service

Durn Road
Portsoy
Banff
AB45 2QJ

Telephone: 01261 455 828

Type of inspection:
Unannounced

Completed on:
14 November 2025

Service provided by:
Aberdeenshire Council

Service provider number:
SP2003000029

Service no:
CS2003000299

About the service

Durnhythe is registered to provide a care home service for a maximum of 35 people. The provider is Aberdeenshire Council. At the time of our inspection there were 26 people living at the service.

The home is set within landscaped grounds in the coastal town of Portsoy. There are two floors and there is a lounge and dining room on each floor. Only one bedroom has en-suite facilities. There are shared bathrooms and shower rooms and toilets on each floor.

About the inspection

This was an unannounced inspection which took place on 11 and 13 November 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 to six people who used the service.
- Spoke to four families and relatives.
- Received questionnaires from seven family members, two visiting professionals and seven staff.
- Spoke with staff and management.
- Observed daily life and practice.
- Reviewed documents.

Key messages

- People felt comfortable and were happy living at Durnhythe.
- People enjoyed warm, respectful, and caring relationships with the staff who supported them.
- People were encouraged to be independent, which promoted dignity and confidence.
- Health changes were recorded promptly, and referrals were made to appropriate professionals.
- Management oversight had improved with good follow up actions and outcomes.
- Staff vacancies impacted on activities and availability of staff in communal areas.
- Mealtimes were positive experiences, and people's dietary needs were well understood.
- Laundry processes required better checks to ensure people's clothing was correctly identified.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

4 - Good

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

People told us how happy and comfortable they felt living at Durnhythe, and that they were well looked after. Families were overall very happy with the care and support their relatives received, telling us '[relative] appears content' and 'everything has been very good.' Staff treated people with kindness and respect. People were encouraged to maintain or improve their skills which meant people were enabled to be more independent.

Staff identified changes in people's health quickly with appropriate referral to other professionals, for example, GP and district nurses. Staff documented reasons for the concern, referrals to professionals and the outcome of these referrals. This meant people could be confident that any changes to their health and wellbeing would be responded to quickly.

Medication was kept in people's rooms, meaning they received their medication timeously. Medication records showed few errors. Where there had been errors, we saw the action the service took to reduce these. 'As and when' medication recording had also improved. However, topical medication (such as creams and ointments) recording was inconsistent, which meant we could not be assured that people were receiving the medication as prescribed. It was reassuring to see that the managers had identified the recording of topical medication as an area for improvement and had planned actions to improve the recording. We will review this at future inspections.

People told us, 'meals were lovely' and 'there is always something nice to eat' with various choices available. Staff were knowledgeable about people's speech and language therapy (SALT) guidance, meaning people with altered diets were supported with food and drink that met their needs. There were fluids and snacks available for people to enjoy both in communal areas and people's rooms. Therefore, people were receiving a good, nutritious diet.

Activities were planned for example, visits from local children, therapy ponies and musicians. People said how much they enjoyed these events. However, due to staffing shortages, some activities had been cancelled, causing people disappointment. There were periods where there was no staff in the communal lounge, which meant people lacked stimulation. The service should ensure there is sufficient staff are available in the communal areas when people are present (see area for improvement 1).

People raised concerns about not receiving their own clothes back from the laundry. We raised this with management, and whilst there had already been some actions to improve this, one person during inspection told us they were not wearing a jumper belonging to them. The service should continue to review the laundry process to ensure people have their belongings returned.

Areas for improvement

1. To support people's wellbeing, the provider should ensure there is sufficient staff to support meaningful activities.

This should include but is not limited to ensuring staff are available in the communal areas to support activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors' (HCSC 1.25).

How good is our leadership?

4 - Good

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

People, families and health professionals told us they knew who the manager was and they were able to speak to them easily. This meant people knew who to go to should there be any concerns about care and support.

The service had improved clinical oversight by making better use of audits. For example, environment, medication, quality improvement, and residents' wellbeing audits. We were able to track findings, actions, and the outcomes of these audits. For example, the environmental audit highlighted issues with the conservatory temperature, resulting in regular checks to ensure it remained a pleasant place for people to sit.

Whilst the service has improved their oversight of falls, the service should continue to develop in this area to include analysis of trends, for example times of falls. This would allow the service to take proactive actions for further reductions in potential falls thus keeping people safe.

The service improvement plan had also improved which evidence actions taken from feedback from families. For example, one family had mentioned at a review if they were aware of activities in advance they would like the opportunity to attend with their relative. As a result the service emailed activities planners to family allowing them to plan ahead. This meant people were included in the service development.

We reviewed staff training. Whilst there was good level of training, for example people handling and adult support and protection, there were gaps where refresher training had not taken place. For example, food hygiene and caring for smiles. This would mean staff may not have the most up-to-date skills and knowledge to support people. We could see plans to increase training over the next few months to ensure people were being care for by skilled staff. The service should further develop this into a yearly plan for staff (see area for improvement 1).

Areas for improvement

1. To support staff development and skills, the provider should ensure staff training is up-to-date.

This should include but not limited to an annual training plan for all staff.

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).

How good is our staff team?

4 - Good

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

Staff knew people well and had positive relationships with them. One staff member said the staff team had 'a real commitment to putting residents first.' We observed lovely person-centred, respectful care which demonstrated that commitment. One family told us, 'excellent team, look after the residents well' and a visiting professional said, 'residents received personalised care, when I speak with the staff, I get the feeling that they know the resident and they're not just another number.' This meant people were being supported by a staff team who strived to provide good outcomes for people.

Some families and staff raised concerns about the reliance on agency staff to cover vacant posts. There were ongoing recruitment and interviews during the inspection. This meant people could be confident the service was looking to recruit permanent staff.

Staff felt more supported by a more involved management approach within the service. We observed a more open atmosphere within the staff team. Staff who we spoke to felt more able to approach the manager. This meant people benefited from a staff team that worked well together. Staff were concerned as to the provider's redesign of services, and as such, the provider should continue to keep staff up-to-date and support people with any changes.

Staff said they received good training, for example dementia, and felt confident in undertaking their role. However as identified in key question 2, there were gaps in staff training which the service was addressing (see area for improvement 1 key question 2). During the inspection, staff were receiving training to support them in recognising signs of health deterioration, and actions the service should take to ensure there is good information when referring to external professionals. This meant the service was ensuring staff had the skills to support people.

Supervision occurred more regularly, however, required improvement. Records did not evidence discussion about staff practice or development needs. Effective supervision should result in improved staff skill, knowledge and practice, leading to improved care and support for people (see area for improvement 1).

Staff meetings were well attended. This allowed management to update staff on the service delivery for example, recruitment. Staff could raise any concerns they had, for example, staff felt they did not have time to update care plans. As a result, there was now a dedicated time during the day for a member of staff to complete this task. Leaders should consider discussing learning from situations that had not gone well and also where there had been good practice. This should result in people benefitting from a culture of continuous learning.

Areas for improvement

1. To support staff development and skills, the provider should ensure supervision is meaningful.

This should include but not limited to, recorded discussion on practice, development and any actions required.

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).

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 bright and very clean, which created a welcoming environment for people. However, the building was older and would benefit from refurbishment. It would be beneficial for the environmental audit to be expanded to include areas of décor which may need improvement, for example scuff marks on paint. This would ensure issues were documented and actions reviewed. We will review this at future inspections.

People's rooms were personalised, reflecting people's interests and choices. As a result, people had a comfortable and welcoming room. Whilst rooms were not ensuite, there were wash basins in each room and sufficient toilets, and shower rooms which people were able to use.

People had, where needed, specialist chairs which help them feel comfortable. There were various places for people to sit during the day. For example, a library and sensory area. The home also had a well-maintained garden, offering pleasant views from people's rooms. One person had brought garden ornaments which they could see from their window. This meant the view was personal to them.

The environment provided people with opportunities to benefit from meaningful connections and activities. Wi-Fi was available throughout the home, enabling residents to maintain meaningful relationships with family members who lived further afield. People could participate in online resources, such as exercise classes, which enhanced people's wellbeing. However, some families told us it could take a long time to gain access to the home. This could impact on people's enjoyment when they receive visitors. We discussed this with the provider and were assured this would be reviewed.

The home was maintained to a good standard, with safety checks completed regularly. Fire safety records were up to date, fire drill records completed, and water temperature checks done regularly. This meant people could be confident their environment was safe.

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.

Everyone had a care plan, and the quality of information within these plans had improved. The plans provided a clear sense of each person, including their likes, dislikes, and daily routines. This meant people's care plans were personal to them.

Care plans contained information to keep people safe. Appropriate legal documentation, such as welfare guardianship, supported staff to know when a person needed help making decisions. However, one care plan had not been updated to reflect a change in guardianship. This was rectified during the inspection.

Risk assessments were in place and care plans that support people with stress and distress, described how people presented on both good and bad days, which helped staff respond appropriately and support people's wellbeing.

Daily notes were informative and allowed staff to review any changes in people's care after absences. This meant staff had access to the most up-to-date information allowing them to provide the right care and support. At times, entries were difficult to understand. Some charts, such as bowel charts, were not up-to-date. The service should ensure these are completed correctly if they are needed to support a person's health. The service may also wish to review whether all people require these records. The service planned to digitise care plans, therefore improving the recordings and we will review at future inspections.

Advance Care Plans (ACP) were in place, however required further development. ACP plans did not contain sufficient information to tell staff how people wished to spend their final days. An effective ACP should include the person's preferences, including the environment. For example, if music should be played. The provider should ensure that ACP plans are discussed with people or their appointed representatives, to ensure these accurately reflect their final wishes (see area for improvement 1).

Areas for improvement

1. To support people's end of life care, the provider should ensure care plans reflect people's wishes .

This should include, but is not limited to ensuring ACPs are detailed and person centred.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7).

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

Requirements

Requirement 1

By 31 August 2025, the provider must ensure the quality assurance system continues to reflect improvements and analysis of information.

To do this, the provider as a minimum ensure:

- a) Quality assurance continues to identify areas for improvement and evidence actions and outcomes for people.
- b) Continue to analyse the information gathered from audits to support the improvement process.
- c) Leaders continue to embed and learn lessons from the improvement.
- d) Continue to seek feedback on the development of the service for stakeholders.

This is to comply with Regulation 4(1)(a) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 4 June 2025.

Action taken on previous requirement

There have been improvements with the quality assurance system with evidence that outcome of audits have been analysed and used to improve the service. See 'key question 2 - How good is our leadership?'

Met - within timescales

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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