

# Dalginross House Care Home Service

Comrie  
Crieff  
PH6 2ED

Telephone: 01764 915555

**Type of inspection:**  
Unannounced

**Completed on:**  
4 December 2025

**Service provided by:**  
Linda Paterson trading as Dalginross  
House

**Service provider number:**  
SP2003002113

**Service no:**  
CS2003009752

## About the service

Dalginross House is a privately owned care home for older people situated in a residential area of Comrie, close to local transport links, shops and community services. The service is registered to provide care for up to 15 older people and two named adults under the age of 65 years.

The service provides accommodation over three floors in single bedrooms, each with an en-suite wash hand basin. There is one double bedroom that may be used by a couple. There is a sitting room and dining room on the ground floor level. The mezzanine and first floor are accessible by a stairway with stairlift. There is a large welcoming entrance hall to the home and access to a well-tended garden surrounded by mature trees.

At the time of inspection there were 15 people living in Dalginross House.

## About the inspection

This was an unannounced inspection which took place on 24 and 25 November 2025, between the hours of 0930 and 1700 hours. The inspection was carried out by two inspectors 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 staff members
- spoke with 10 people using the service
- spoke with six staff and management
- received feedback through care standards questionnaires from eight staff members
- observed care practice and daily life
- reviewed documents.

People indicated that they were happy with the general care and support provided, but felt that there could be more staff.

## Key messages

- Two previous requirements relating to oversight by the manager, and staff supervision and staff meetings, have been met.
- A previous requirement, relating to environmental improvements had two out of four elements met. A new requirement has been made in respect of the two elements that had not been met.
- Staff knew people as individuals and attended to their care needs with compassion and dignity. Nevertheless, care staff were busy and had limited time to spend with people for social interaction or to organise physical exercise. An area for improvement has been made in respect of this.
- The manager had established effective audit systems, and an improvement plan guided developments in the service. The improvement plan, however, needed more accurate information around when actions would be implemented.
- A new manager had been appointed earlier this year, and significant changes were being made to the service. We saw that efforts were being made to inform staff of changes; however, the manager agreed that it will be crucial to communicate change more effectively with staff and other people involved with the service.
- We heard varying accounts from staff about what would constitute suitable staffing levels; however, there appeared to be sufficient staff to keep people safe and well cared for.
- It was difficult to accurately assess daily staffing needs as the service was not using a formal dependency assessment tool. Plans were in place to build such a tool into the care planning system. Given the importance of ensuring that suitable staffing levels are maintained, and that staffing levels are informed by an appropriate staffing tool, an area for improvement has been made in relation to this.
- The home was moving care plans and medication records from paper-based to electronic systems. This transition had created challenges in maintaining consistent daily notes, which could make it difficult to track individual monitoring of people's care and support. The service anticipated that these issues would improve once the electronic system was fully implemented.

## 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?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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.

Staff were kind and caring. They knew people as individuals and attended to their care needs with compassion and dignity. We saw positive relationships between people and care staff, and support was delivered at a pace that suited people's needs.

Nevertheless, care staff were busy and had limited time to spend with people for social interaction or to organise physical exercise. This was particularly notable when the activities coordinator was not on duty. Staff understood the importance of activities, and told us that they would like more time to spend with people to chat, arrange outings and games, and offer pamper sessions, such as nail care.

Time for social engagement and physical exercise is important in maintaining and improving people's physical and mental health, and in promoting their independence. Based on our observations and feedback from people, activities should be further developed. An area for improvement has therefore been made, see area for improvement 1.

People could choose to have their meals in the dining room, lounge or their own rooms. Meals were prepared with fresh ingredients with good provision of vegetables. The menu was supplemented with alternatives, which were routinely offered. Where people required special diets, these were catered for.

Individual care and support needs were regularly reviewed. This included annual social work reviews and six-monthly in-house reviews. Where appropriate, legal measures were in place to support people who lacked capacity to make decisions around their welfare and finances. This helped ensure that people's views were known, and taken into account, when planning their care and support.

We noted, however, that people and their families/representatives could be better involved with in-house reviews. This would help ensure that staff knew more about people's current wishes and preferences. It would also allow for clearer identification of people's goals and aspirations. This information could be used to improve their quality of life, particularly around hobbies and interests.

People's healthcare needs were supported through input from a variety of external healthcare professionals. This included GPs, district nurses, the community mental health team, dietitians, dentists, and opticians. Management of pain and stress and distress was clearly documented in care plans. Staff members' knowledge of individual needs also helped ensure that people were supported to remain comfortable. Any concerns were reported to senior staff and referred to appropriate health and social care professionals.

Processes for managing medication administration were appropriate with regular audits taking place. Some improvements could, however, be made around recording of reasons for late or missed administration of medicines. We discussed this with the manager, who planned to enhance practice around this. This will be examined at future inspections.

## Areas for improvement

1. The service provider should ensure that people have the opportunity to regularly participate in a range of activities which are meaningful and enjoyable. These should include social activities and physical exercise within the home and the wider community.

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' (HSCS 1.25), 'I can maintain and develop my interests, activities and what matters to me in the way that I like; (HSCS 2.22) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

### How good is our leadership?

### 3 - Adequate

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

Staff reported that the manager was regularly present in the home and remained accessible when off-site. The manager had established several systems and audits, including those for accidents, incidents, and complaints. A lessons-learned approach was applied to these processes, and the service was able to demonstrate how this learning positively impacted on outcomes for people.

Staff supervisions took place every few months, and meetings with staff and relatives were held as needed. A feedback box had been introduced at the home entrance to encourage open communication. To strengthen engagement, the service was advised to consider implementing regular, scheduled feedback sessions with people, their families/representatives, and staff to ensure continuous improvement. The manager agreed to make developments in this area and this will be reviewed at future inspections.

All staff had access to relevant online and face-to-face training resources; however, additional role-specific training would further enhance staff knowledge and skills.

The service had an improvement plan that identified clear actions to achieve measurable progress, and reflected the management team's priorities. This, however, needed accurate information around when actions would likely be implemented. Such information is important, given that the service is going through significant transition following the appointment of a new manager and possible changes in ownership. Changes will need to be managed effectively, with the involvement of staff and people and their representatives. This will help ensure that changes are appropriate to people's needs.

Safe systems were in place to protect residents' finances, providing reassurance that appropriate safeguards were maintained.

## How good is our staff team?

## 3 – Adequate

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

A new manager had been appointed earlier this year and significant changes were being made to the service. This included staffing roles and structure. The manager and staff told us that the changes had impacted on staff morale; however, this was showing some signs of improvement. Staff were not resistant to change, but the pace of change could be managed more effectively.

We saw that efforts were being made to inform staff of changes through individual and team meetings. However, the manager agreed that it will be crucial to communicate change more effectively with staff and other people involved with the service. Including them in making improvements to the service will also be important.

The service was nearly at full staffing complement across all departments. This will hopefully reduce the need for care staff to be involved in covering shortages, particularly in relation to kitchen work.

Safe recruitment practice was followed when employing staff, and new staff received appropriate induction training. Ongoing training was also available to staff. This was provided online and face-to-face, and was relevant to staff members roles and responsibilities. Ongoing checks related to fitness to practice and registration with relevant professional bodies were also undertaken.

Staff received regular supervision from the manager and an annual appraisal process was due to be implemented by the end of the year. The provision of regular staff meetings, supervision, and training is important in ensuring that staff are supported, and have the necessary knowledge and skills to deliver high quality care.

We heard varying accounts from staff about what would constitute suitable staffing levels; however, there appeared to be sufficient staff to keep people safe and well cared for. We observed that people's care and support needs were becoming increasingly complex, with the support of more than one staff member required more often than before. We also noted under key question 1: 'How well do we support people's well being?', that care staff had limited time to spend with people for social interaction or to arrange physical exercise.

It was difficult to accurately assess daily staffing needs as the service was not using a formal dependency assessment tool. Plans were in place to build such a tool into the care planning system and to supplement this with professional judgement. In doing so, it will be important to ensure that the manager involves staff, and accounts for the views of people and their families/representatives, in assessing staffing needs across all shifts.

Given the importance of ensuring that suitable staffing levels are maintained, and that staffing levels are informed by an appropriate staffing tool, an area for improvement has been made, see area for improvement 1.

We considered the need for a requirement around staffing; however, an area for improvement was deemed proportionate due to our observations that people's direct care needs were being met, and that the manager had plans in place to further review and develop staffing in the service. This will be reviewed at future inspections.

### Areas for improvement

1. The service provider should, having regard for the size and nature of the care service, the statement of aims and objectives, and the number and needs of service users:
  - a) ensure that suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users
  - b) implement a dependency assessment tool, which accurately reflects people's care and support needs, and takes account of staff and managers' professional judgement. Where possible, the views of people and their families/representatives about staffing should be taken into account.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people' (HSCS 3.15).

### How good is our setting?

### 3 - Adequate

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

People lived in a pleasant environment, which was clean and tidy. Pleasant gardens could be easily accessed from the ground floor, although many people would need assistance to do this.

There were suitable arrangements to manage infection prevention and control. Cleaning schedules were in place; however, these had not been completed consistently. We were satisfied that this had been identified through audit and that steps were being taken to address the matter.

The general environment was tired and in need of redecoration and refurbishment. Ongoing repairs and upgrades to the premises were needed and these were identified in a comprehensive action plan. Timescales for these would be guided by health and safety compliance, people's needs and preferences, and progress with changing ownership of the service. The service will need time to progress improvements to the environment.

In the last few months, new dining room furniture had been purchased and new stair lifts had been installed. Plans were in place to purchase a new industrial dishwasher for the kitchen, along with upgrades to the laundry facilities. During our inspection, we identified issues with storage of dirty laundry. The manager took immediate action to deal with this, pending works being carried out in the laundry.

Specialist equipment was available to support people's care and this was serviced by external professionals.

The service had suitable maintenance schedules and audit systems in place. There was regular input from a maintenance person who was well organised, and had personally implemented many of the maintenance procedures. There was a need for this person to have ongoing training to support their specific role and responsibilities, which the manager agreed to address.

As part of this inspection we reviewed a previous requirement relating to improvements to the environment. Two out of four elements of that requirement have been met. An assessment of each of the requirements' elements is provided under requirement 2 in the section of this report titled: 'What the service has done to meet any requirements made at or since the last inspection'.

Given that two elements of the previous requirement have been met, along with continued progress with environmental improvements, a new requirement has been made, see requirement 1.

## Requirements

1. By 30 April 2026, the service provider must ensure that people experience care in an environment which is safe and well maintained. This must include, but is not limited to:
  - a) implementing a plan for the upgrading of the premises which sets out all of the work required
  - b) providing timescales for the commencement and completion of all work.

This is to comply with Regulation 4(1)(a), 10(2)(b) and (d), and 14(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: 'My environment is secure and safe' (HSCS 5.19).

## How well is our care and support planned? 3 - Adequate

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

People should expect to have a personalised care plan which details their current care and support needs. This ensures that staff are effectively directed to support the individual, taking a consistent and agreed approach in line with their wishes and preferences. Overall, we assessed that this expectation had been met.

However, the home was moving care plans and medication records from paper-based to electronic systems. This transition had created challenges in maintaining consistent daily notes, which could make it difficult to track individual monitoring of people's care and support. The service anticipated that these issues would improve once the electronic system was fully implemented.

Recognised medical assessment tools were used, which helped ensure that people's healthcare needs were appropriately addressed and regularly reviewed.

Six-monthly reviews were undertaken; however, these typically involved only staff and the individual receiving care. The service was advised to broaden the scope of these reviews to include family members and representatives. This approach would help ensure that individuals' wishes, preferences, and aspirations were fully captured and acted upon.

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

### Requirements

#### Requirement 1

By 31 July 2024, the provider must ensure the safety, wellbeing and positive experiences of people living in the service:

To do this the provider must, at a minimum:

- a) ensure that the registered manager has day to day oversight of the running of the service.

This is to comply with Regulation 17(c) 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 use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 26 April 2024 and extended until 4 October 2024. At the last inspection, a further extension was made to 19 January 2025.

**This requirement was made on 26 April 2024.**

#### Action taken on previous requirement

Since the last inspection we found that the new manager (and prospective owner of the service) had consistent presence in the home and could be easily contacted. They tried to be in the home Monday to Friday each week, along with some weekends and overnight stays.

Since starting, the manager had made many changes to the service. Staff told us that, whilst the pace of change could be difficult to deal with, they found the new manager approachable

Based on our findings, this requirement has been assessed as having been met.

#### Met - outwith timescales

#### Requirement 2

By 31 July 2024, the provider must ensure people experience care in an environment which is safe and well maintained. This must include, but is not limited to:

- (a) immediate repairs to ensure the building is draught and watertight
- (b) an assessment of all repairs required both inside and outside the premises

- (c) implementing a plan for the upgrading of the premises which sets out all of the work required
- (d) providing timescales for the commencement and completion of all work.

This is to comply with Regulation 4(1)(a) and 10(2)(b) & (d) and 14(d) of The Social Care and Social Work Improvement Scotland.

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

'My environment is secure and safe' (HSCS 5.19).

This requirement was made on 26 April 2024 and extended until 6 September 2024. At the last inspection, a further extension was made to 19 January 2025.

**This requirement was made on 26 April 2024.**

#### Action taken on previous requirement

Since the last inspection we found that:

- (a) immediate repairs to ensure the building is draught and watertight

Repairs had been made to ensure that the building was draught-proof and watertight. The lounge windows had been repaired and the building was overall found to be warm and comfortable.

Based on our findings, this element of the requirement had been met.

- (b) an assessment of all repairs required both inside and outside the premises

The new manager had produced a detailed action plan, which set out planned improvements to the premises. Timescales for implementing these would be determined by priorities around health and safety compliance, people's needs and preferences, and progress with changing ownership of the service.

Based on our findings, this element of the requirement had been met.

- (c) implementing a plan for the upgrading of the premises which sets out all of the work required

The new manager had produced a detailed action plan, which set out planned improvements to the premises. They recognised the need for continued improvements and were responsive to issues identified during the inspection. Nevertheless, significant improvements to the premises were still needed.

Careful consideration will need to be made to ensure that works are prioritised and guided by health and safety compliance, and people's needs and preferences. Given the size and complexity of some of the work, the service will need time to progress the improvements identified in the action plan.

Whilst recognising continued progress, on the basis of our findings, this element of the requirement had not been met.

- (d) providing timescales for the commencement and completion of all work.

Accurate timescales for completion of work in the action plan had not been set out. Given the size and complexity of some of the work, the service will need time to progress the improvements identified in the action plan.

Whilst recognising continued progress, on the basis of our findings, this element of the requirement had not been met.

Overall findings related to the requirement:

Two out of the four elements of this requirement had been met. The elements of the requirement that had not been met – (c) and (d) – were originally made on 26 April 2024 and extended until 6 September 2024. Some improvements were noted at the last inspection and a further extension was made to 19 January 2025.

Given that further improvements had been made, and in recognition of recent changes to the management of the service, further time has been allowed for these elements to be met.

A new requirement, focusing on the unmet elements, has been made. This is detailed in requirement 1 under key question 4: 'How good is our setting?'. The date for meeting the new requirement is 30 April 2026.

### Met – outwith timescales

#### Requirement 3

By 3 March 2023, you must ensure that:

Staff have a schedule of supervision and regular team meetings to enable them to reflect on their practice, develop knowledge and skills and provide consistent care to those they support. This will also provide a forum for staff to contribute to the improvement of the service.

This is in order to comply with sections 7 and 8 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15) 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 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).

Also the Code of Practice for Employers of Social Service Workers which state you will: 'Effectively manage and supervise social service workers to promote best practice and good conduct and support staff to continuously improve their performance and make sure they are fit to practice' (2.2).

This requirement was made on 18 February 2023 and extensions made until 04 October 2024. At the last inspection, a further extension was made to 19 January 2025.

**This requirement was made on 18 February 2023.**

#### Action taken on previous requirement

Since the last inspection, we noted continued improvements in the provision of staff supervision.

The manager aimed to provide supervision every two months and most staff reported that they received regular supervision from the manager. Annual appraisals were being introduced and the manager hoped to have these implemented by the end of the year.

# Inspection report

There had been an increase in meetings with staff, and people and their families/representatives, over the past few months. This is important in ensuring that people are aware of developments and changes in the service. It is also important in ensuring that people can make suggestions and that their views are known.

Based on our findings, we assessed that this requirement had been met.

## Met - outwith timescales

### 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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