

# Praesmohr Care Home Service

Birse  
Tarland  
Aboyne  
AB34 5FP

Telephone: 01339 886 032

**Type of inspection:**  
Unannounced

**Completed on:**  
12 December 2025

**Service provided by:**  
Patrick Kinsley & Amanda Kinsley  
Trading as Praesmohr House (A  
Partnership)

**Service provider number:**  
SP2008009625

**Service no:**  
CS2008170336

## About the service

Praesmohr House is owned and operated by Patrick Kinsley and Amanda Kinsley who are the providers of this service and operate under the name of Praesmohr House (a partnership). It is registered to provide a care service to a maximum of 28 older people. No nursing care is provided. There were 23 people resident in the home at the time of this inspection.

The service is located in a traditionally-built property with a purpose-built extension, situated in its own grounds on the outskirts of the village of Aboyne. Most bedrooms in the new wing of the home, and a small number in the original part, have en-suite facilities. There are two communal sitting areas and one dining area in the service. Accommodation is provided on two levels, with a lift to the newer first floor of the extension, and a stair lift to the first floor of the older part of the building.

## About the inspection

This was an unannounced follow up inspection which took place on 11 December 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 with one person using the service and two of their family representatives;
- spoke with four staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

## Key messages

- Care planning processes had improved, and the service had transitioned to new on line care and support plans.
- Supervision of staff had improved, and new processes to monitor and track staff training were in place.
- Staff and relatives told us that the service was improving and people were feeling positive about recent changes.
- Opportunities had increased for people to enjoy meaningful days if they wished.

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

### Requirements

#### Requirement 1

By 08 August 2025 the provider must ensure people's outcomes are being met based on their assessed care and support needs, which are accurately reflected in people's personal plans.

This should include, but is not limited to:

- a) Ensuring that instructions from peripatetic professional staff are recorded in support plans, and are carried out promptly and at required frequencies.
- b) Accurately and timeously recording the daily care provided.
- c) Ensuring that support documentation and risk assessments are up to date and include any changes in support, instructions from external peripatetic professionals, and that these are relayed to all relevant staff.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4(1)(a)(2)(b) Welfare of users and Regulation 5(2) - Personal Plans

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty'. (HSCS 3.18)

This requirement was made on 13 June 2025.

#### Action taken on previous requirement

The service had fully transitioned to on-line support plans which clearly set out people's support needs, and were easier for staff to navigate and find relevant sections of information to guide staff. Support staff had been provided with mobile devices to record care notes contemporaneously, at the time support had been provided. This meant that care notes were more accurate, saved time, and supported more individual time

with people. We reminded the manager to ensure that notes were detailed enough to ensure that it was clear what support had been provided to people, and to improve accuracy. We will continue to monitor the development of support plans at our next inspection.

Some information had still to be uploaded onto the new care planning system, however, this was already in progress at the time of this inspection. For example, the GP had been contacted and had provided up to date medical information to be transferred to the new care plans in order to complete medical notes.

Professional visits were clearly recorded in support plans, which provided up to date information to staff regarding any changes in care or medication.

The manager and senior staff were able to access support plans remotely, and had introduced and completed monthly 'resident of the day' audits, which comprised of a full review of the support plan, risk assessments, medication checks and counts of medication to ensure that all aspects of people's support were correct and up to date. The local pharmacist also carried out their own audits of medication recording and administration which supported continued improvement.

Care plans evidenced that people had received a review of their care and support at six monthly intervals which is a requirement of all services, and the manager was in the process of ensuring a review planner was in place to ensure that these were kept up to date.

**This requirement is met**

**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 support people's wellbeing through effective staff practice, the provider should ensure staff have access to appropriate support. This should include providing staff with effective supervision and observations of practice, and ensuring staff learning and development needs are achieved.

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

**'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27).**

**'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).**

**This area for improvement was made on 13 June 2025.**

**Action taken since then**

All staff had received supervision with either the manager or senior at the time of this inspection, and policies had been put in place to ensure that staff continued with this support once every three months.

In addition to increased supervision, all staff had received an observation of their practice prior to their supervision meeting. This supported staff and managers to discuss and feedback any practice concerns and also positive areas of practice, which supported improvement, and better outcomes for people. When we spoke to staff, they told us they felt supported by managers, who were approachable and supportive.

Additional training had been provided by the health and social care team, which included, clinical observation training, skin tears and ulcer prevention, and malnutrition screening risk assessments.

Induction training had improved and was carried out over a period of three months, to support new staff joining the service to be familiar and confident with their role and decide if the role was right for them and for the service. In addition to induction training for new staff, the manager had introduced 'back to basics' induction for all current staff, to ensure that all staff were working to the same standards, and to provide reminders to existing staff of standards expected.

A training matrix evidenced that core and essential e-learning had also improved since our last inspection. We will continue to monitor this at our next inspection, however, significant improvement across all areas was evidenced during this inspection.

**This area for improvement is met.**

**Previous area for improvement 2**

In order to support people's stated outcomes and ensure that people enjoy meaningful days, the service should ensure that people have access to, and are provided with social and recreational activities identified within their support plans, and have regular opportunities to access to their local community. Records should be kept of the activities that people have taken part in, to inform individual support plans, and staff of people's preferences.

**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).**

**This area for improvement was made on 4 September 2025.**

**Action taken since then**

We reviewed support plans, which evidenced that people were supported to enjoy a range of activities if they wished.

The service had introduced regular monthly activities such as visits from the Cairngorm rangers who provided activities and information about the local wildlife, music, and church services. Additional activities were planned such as focused yoga sessions every two weeks, to support people with mobility issues and to reduce the risk of falls.

Staff had recently started to work 12-hour shifts, which supported more continuity across the day for people, and more time for staff to support other activities, such as arts and crafts, and exercise sessions, which were very popular with people. Support plans were completed, which evidenced what activities people had taken part in and enjoyed.

The service was unable to access the community with preferred frequencies, due to the recent removal of the community bus by the local authority, which was out with the control of the service. Managers informed that this will be a focus area for the service going forward, which we will monitor at our next inspection.

**This area for improvement is met.**

## 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).

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