

St. Mary's Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
28 January 2026

Service provided by:
Dunkeld Care Ltd

Service provider number:
SP2020013489

Service no:
CS2020379312

About the service

St Mary's Care Home is a residential care home in Monifeith, Angus. The provider is Dunkeld Care Ltd and the service provides care for up to 29 people.

The service is close to the town centre and local bus routes to surrounding towns and Dundee City.

About the inspection

This was an unannounced inspection which took place on 27 and 28 January 2026. The inspection was carried out by two inspectors 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 nine people using the service and four of their families
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

People looked well and told us they were safe and happy in St Mary's

Staff knew people well and were working hard together to care and support people

People told us that management were approachable and dealt with any issues appropriately and timeously

It wasn't clear how internal quality assurance processes were driving change and improving outcomes for people

Documentation in some care file records needed to improve

People were experiencing meaningful connections through activities and time spend with staff.

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?	4 - Good
How good is our setting?	4 - Good
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

Although there had been some improvements since our last inspection, there were two outstanding requirements under this key question, which had not been fully met. See under section 'What the service has done to meet any requirements made at or since the last inspection'. As a result, we evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The home was bright and welcoming, with a nice atmosphere. People looked well presented, and looked happy and relaxed. People told us, 'It's really good. This is the best place I could've ever got' and, 'They're always nice, it's lovely in here. You can put up your own things. I feel safe and always get a laugh'. There were lots of positive comments from relatives and people living in the service about the standard of care and support.

Mealtimes were relaxed and at the right pace for people. Staff knew people's specific nutritional requirements and made sure they had the right aids available to help them enjoy their meals. People had been offered a choice of meals in the morning, however for those with a cognitive impairment who perhaps couldn't remember their choices, it may have been beneficial for them to be offered visual choices at mealtimes. One person needed assistance with meals and the initial assistance given was caring, discreet and supportive. It was disappointing to see that mid meal the carer left and the resident started to eat the food with her fingers. A different member of staff then came to assist her with the rest of her meal. It would have been a more pleasant, consistent approach for the one member of staff to assist until the meal was finished. There were nice interactions between staff and people and the overall mealtime experience felt positive. People were being supported to keep hydrated and nutritionally well.

People had plenty to do and were participating in chair exercises class on both days. There was meaningful connections with staff spending time with people, for example, playing games and chatting and tending to nail care. People told us, 'There's a lot more going on now and other things to do. They've introduced other stuff like facials which I enjoyed'. Others told us of outings on the bus to Arbroath for tea and cake. Relatives told us there was lots going on in the home for people to do, in order to keep them active and fulfilled.

Since our last inspection the provider had introduced an electronic medication administration and recording system. A sample of medication records confirmed that people were receiving their regular medication as prescribed. Some people were prescribed medication to be taken 'as required', (PRN). However, there were no PRN protocols in place to ensure this medication was offered consistently and appropriately, and what strategies to support the person had been tried first. We advised the management team to develop specific protocols to ensure consistency in their use and evaluation. We also discussed that documenting when these medication had been given and their effect in people's care plans, would aid further evaluation. Managers advised on day two of our inspection that this had been completed. We will follow this up at our next inspection.

People's health benefitted from access to a range of community healthcare professionals and professionals spoke positively regarding staff following any advice given.

The home was visibly clean and tidy with cleaning protocols in place and no intrusive odours. Infection prevention control (IPC) stations were available for staff throughout the home and used appropriately. People could be confident that they were being cared for in a clean and healthy environment.

How good is our leadership?

3 - Adequate

There was a relatively new management team in place who had made some improvements in the service since our last inspection. Due to improvements within quality assurance processes still being in their infancy, and management systems needing more time to be effective and embedded in the service, we have therefore evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Managers did have an understanding of what needed to improve and told us they would benefit from additional guidance and support to add to their existing experience through time. The management team were hard working and committed to continuing to make the necessary improvements, in order for the service to move forwards. It was clear to see that they had achieved a lot in short period of time since being in post. We discussed with the managers the various routes for support, and signposted best practice guidance documents in order to guide them moving forwards .

People told us that managers were approachable and any issues raised, were dealt with appropriately and quickly. This gave people confidence that management were keen to listen and act to peoples concerns, in order to make improvements and keep people safe.

There was a quality assurance system in place which was task focussed rather than evaluative. Managers were using a variety of audits to monitor key processes within the home such as medications, environment and care plans. Unfortunately, it wasn't clear to see what action had been taken following these audits and therefore couldn't evidence how the homes quality assurance system was driving changes in order to improve outcomes for people. (See area for improvement one.)

A service development plan was in place which had identified some key areas for improvement. This was in its infancy and will progress as the management team increases in confidence and experience. We discussed that adding people's views and feedback to this plan, would strengthen this process to improve outcomes for people. This would evidence that people living in the service would be driving future improvements. We look forward to seeing how this develops and how the service explore different methods of obtaining feedback from people at our next inspection.

Observations of staff practice were carried out informally however were not being recorded. We therefore couldn't see how outcomes from these were being discussed in order to make improvements.

Areas for improvement

1.
To support better outcomes for people through a culture of continuous improvement you should be clear about the purpose and importance of quality assurance processes. These should be evaluative, carried out regularly and where areas for improvement have been identified, clear action plans developed which are signed off as completed once achieved.

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).

How good is our staff team?

4 - Good

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

Staff were working hard and told us they were working well together as a team, and that morale was good. People told us, 'The staff are all nice, ask them anything they will try to do it for you' and, 'Staff are excellent, very caring go above and beyond'. People were being supported by a caring staff team who knew them well.

Staff were knowledgeable and competent at time of inspection. Staff were aware of people's needs and offered appropriate care and support sensitively, and in a caring manner. Staff had completed a range of training, both online and face to face to ensure they were competent in the roles. However, it wasn't clear to see how training had been evaluated and how it impacted on outcomes for people. Reflective accounts would enable managers to identify areas for improvement, which could be discussed at staff supervision to improve staff performance. This would impact positively on subsequent care and support for people.

Staffing had stabilised recently, and people told us it was good that they saw the same faces most of the time to carry out their loved ones care and support. This meant that people were experiencing consistency around their care.

Although managers told us that observations of staff practice were being carried out, these need to be recorded formally, to identify any gaps in knowledge and where areas for further training or development were required. This would ensure competency and practice were being continuously assessed in order to improve practice and outcomes for people. Information from observations should prompt discussions at supervision around continued professional development. Managers advised that they had developed a new process for this which hadn't been implemented as yet. (See area for improvement one.)

Staff told us that they felt listened to and supported by managers in the service. Staff had received annual supervision however, minutes from these meetings were brief and did not describe full discussions around training and development, nor staff wellbeing. We discussed with managers the importance of this in order to ensure opportunities for staff development were explored. (See area for improvement one.)

We discussed with managers that it would be a good development to consider feedback from other stakeholders and how this impacts on staff development. We will follow this up at our next inspection.

Areas for improvement

1. To ensure that people receive high quality care and support from staff who are skilled and confident in their roles, the provider should ensure that all staff receive supervision meetings, and that records are kept to ensure identified actions to support staff development are followed through. Observations of staff practice should also be carried out regularly, recorded formally and be evaluative.

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 clean and free from unnecessary clutter. The overall condition of the building and grounds was good. There were some minor areas of wear and tear noted. For example, in two ensuite bathrooms the sealant around the toilet and shower was old and in need of repair. We discussed this with the managers who advised that this would be addressed. People were experiencing a pleasant environment overall.

There were different communal areas for people to spend time in, which were cosy, comfortable and well decorated. Bedrooms were of varying sizes, decorated appropriately and personalised with items from home. This helped to make people feel more comfortable in their own private space.

A robust process for maintenance was in place, and all required checks were completed and up to date. There was a process in place for staff to report any faults, and these had been picked up and resolved quickly. People felt reassured that the maintenance of the service was upkept, in order to maintain their safety.

People had access to the outdoors, and the service had well kept gardens for people to enjoy. There were enclosed gardens with appropriate seating for people to use whenever they chose to do so. People's wellbeing was maintained as they had access to the outdoors and fresh air.

People were getting out and about regularly and told us, 'We get on the wee bus, every week we get out. Usually up by Arbroath.' People benefitted from spending time in the wider community which gave them a purpose.

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

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

People had personal plans that described how their needs should be met. Risk assessments had been completed to help assess any risks and inform care plans. These documents had been reviewed regularly however, changes were not always reflected in the care plans. It is important that care plans are updated as changes occur in order for care and support to be current.

Anticipatory care plans, (ACPs) had been completed with relevant people with specific wishes detailed for the end of life. This meant people's specific wishes and preferences could be attended in the event of a person's condition deteriorating.

Where people had legal powers in place, copies of these documents were evident in a separate file. This information was not always clearly documented in people's care plans as to who held legal powers. Documentation in some files was also not clear with regards to adults with incapacity certificates and power of attorney. This needs to be clearly defined in each file as to avoid confusion, as these are two separate processes. We discussed this with managers and advised discussions and training on both, may be beneficial for staff. It is important for advising staff who to consult where required, in order for documents to be signed by appropriate people who hold powers.

Where people's support included the use of technology such as sensor mats, consent forms were in place and signed by the person or their legal representative. However, discussions around this were not detailed, and we could not see that technology had been discussed through six monthly reviews or on consent forms. Consent for the use of technology should be explicit and not implied. This should be clearly described in care plans and reviewed regularly. We signposted managers to 'Decisions about technology good practice guide', to aid their practice regarding these matters. This would help to ensure people's rights are recognised and upheld appropriately.

The recording of people's daily care and support was consistent. Documentation completed included wellbeing checks, topical medication applications, oral care and nail care. This provided reassurance that people's personal care needs were being met.

Regulatory reviews were taking place with appropriate people present. Relatives told us they felt involved in people's care. As a result, people's views were considered important and contributed to their ongoing care and support.

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

Requirements

Requirement 1

By 16 September 2025, the provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

- a) make proper provision for the Pre- Admission and Admission process to ensure the service can fully meet the individual's needs.
- b) make proper provision for the assessment of needs and appropriate care planning.
- c) ensure all needs are planned for including those for medication, catheter care, skin care and to manage stress and distress symptoms.
- d) make proper provision for the delivery of intimate personal care and the observation of skin integrity.
- e) make proper provision for the safe and effective administration of medication, including those for "as required" medications.

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(SSI 2011 / 210)

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 requirement was made on 5 August 2025.

Action taken on previous requirement

Pre admission assessment forms were fully completed for new people coming into the home. Where available, additional summary information had been obtained from other professionals, which ensured as much information was gathered as possible to ensure a full assessment process had been completed.

There had been good attempts at developing people's care plans early in the admission process. These plans could however, be more personalised to reflect people's individual needs.

Care plans and risk assessments had been signed as having been reviewed monthly. We discussed with the managers to consider individual review documents for each risk assessment rather than one for all assessments. This would reduce the risk that information would become difficult to read and assign to relevant risk assessments.

Where people had wounds attended to by the district nurses, professional contact notes described their interventions. However, skin integrity plans did not describe any wounds and as such, individual wound care

plans were not developed to describe the part staff had to play in the monitoring and healing of wounds. One care plan developed on admission described bruising being present, and had been reviewed twice as 'no changes', when bruising was no longer as extensive.

The service used a multi factorial risk assessment tool however, this had not been completed in full for everyone. Risk factors were described in a separate document which was confusing, as it would be beneficial for this information to be in one document. The information in these risk assessment did not always inform people's care plans and this had the potential for staff to miss important information, in order to reduce risks for people.

As required. (PRN) protocols were not in place to inform staff of strategies to use first before considering medication as an option to reduce people's symptoms.

Whilst the use of PRN medication was recorded within the electronic recording system and handover meetings, there was no corresponding entries in individual care notes where we would expect to see more detailed information, to support review and evaluation of medication and interventions.

This requirement has not been met and will be extended until 29 April 2026.

Not met

Requirement 2

By 26 January 2026, the provider must ensure that current good practice guidance is used to develop effective falls prevention strategies. To achieve this, the provider must, as at a minimum;

- a) ensure that risk assessment information is being used to inform personalised and meaningful falls prevention care plans. Care plans should be regularly reviewed and updated, to reflect changes in individual circumstances, presentations, and care needs;
- b) ensure people's health and welfare is adequately monitored post fall;
- c) ensure accurate communication and recording of falls information;
- d) be able to show evidence of regular on-going monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities in relation to falls and can demonstrate this through their practice.

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 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This requirement was made on 16 September 2025.

Action taken on previous requirement

The service had reviewed their falls prevention and management within the service. The slips, trips and falls policy had been updated, and now included guidance for staff on falls prevention and falls management. All staff had received copies of the new documentation, and this had been discussed at staff meetings.

All staff had received face to face training in moving and handling. Staff we spoke to felt confident in falls prevention and falls management, and spoke confidently about their roles and responsibilities.

Every person living in the service had a mobility care plan, and falls prevention care plan. The service were also using a multifactorial risk assessment for all residents, identifying those at risk and identifying interventions and strategies to guide staff practice as well as referrals made by the service. The service had also made referrals to the falls team for advice.

We noted that in some cases, information in the care plan and risk assessment were not consistent. There was evidence of care plans being regularly reviewed, however there wasn't always evidence of care plans and risk assessments being updated following the review.

We discussed the incident report paperwork being used by the service and the manager agreed to review this. We also discussed that we did not see any evidence that the management team had oversight of the forms when they had been submitted.

Post falls checks and pain assessments had been introduced. This was documented in the communication diary to handover to the next shift to complete. We discussed the post fall checks paperwork with the service, and suggested simplifying this, so that staff had access to all information on the same sheet.

While we acknowledged that the service had made significant improvements, we felt that processes had not had time to embed in the service. For this reason the requirement has not been met and has been extended until 29 April 2026.

Not met

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

In order to ensure individuals experience safe keeping of their personal effects, the service should improve how individual's effects are itemised and arrangements are made to ensure safe keeping. The service should also review how items of clothing are labelled, laundered and returned to the individual.

This is to ensure care and support is consistent with Health and Social Care Standard 4.3: I experience care and support where all people are respected and valued

This area for improvement was made on 5 August 2025.

Action taken since then

The laundry area was clean and tidy, with a clear and organised process for laundering clothes to a high standard.

Residents clothing was labelled before coming into the home and this was double checked at point of admission by staff. If some items were not labelled at this point, staff use a marker pen to put name on

clothing labels until pre-printed labels are ordered and added onto clothing.

The laundry assistant was knowledgeable and explained and showed process in laundry to ensure safe laundering of people's clothing. Individual labels were in plentiful supply in the laundry at the time of inspection.

There was only one unnamed item in the laundry which was being dealt with quickly to ensure it was labelled and returned to the correct person.

Clothing seen was laundered well and care taken to ensure clothes and bedding ironed and well presented. We discussed with managers regarding the need for covers for clothing rails, when moving around the home. We will follow this up at our next visit.

This area for improvement has been met.

Previous area for improvement 2

To support people's health and wellbeing, the service should ensure that pain assessments are completed, and care plans are developed to demonstrate how pain is managed and monitored.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 16 September 2025.

Action taken since then

No pain care plans had been developed or implemented for people.

Staff told us people could tell them when in pain, however, where people could not verbalise pain, there was not consistent use of appropriate pain assessments in place. Pain assessments were generally being used post falls rather than generally.

There was a written system in place noted on the handover sheet, informing staff of the process to use with pain assessments however, this was in its infancy and not being used fully at time of inspection. We discussed this with managers who advised this would be discussed with staff and taken forward. We will follow this up at our next inspection.

This area for improvement has not been met and will be carried forward to our next inspection.

Previous area for improvement 3

In order to keep people safe and promote their wellbeing, the service must ensure that staff have the necessary knowledge, skills and experience to assess when people who use the service require further assessment, investigation or treatment.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This area for improvement was made on 16 September 2025.

Action taken since then

There were positive comments from people regarding staff knowledge, following advice and identifying issues and notifying relevant professionals of changes in condition.

Staff spoken to were knowledgeable regarding people they were supporting and their needs.

At our mealtime observation, staff knew what diets people required, who required assistance and who needed specific aids. We observed good practice where staff were supporting people using mechanical aids.

Relatives gave examples of where their loved ones conditions had changed, they had been informed promptly and appropriate action taken to seek further assistance and keep them well.

Where people experienced a change in cognitive impairment, staff had requested assessment by the dementia liaison team. Where people were a high risk of falls, staff had requested input from the falls team. This ensured people's changing needs were assessed by the right people and subsequent prescribed care carried out.

Staff told us of a variety of different training they had to complete and felt competent to do their roles. Ancillary staff had also been involved in completing training courses in dementia and first aid.

This area for improvement has been met.

Previous area for improvement 4

To keep people safe and to ensure resident's benefit from the continuous improvement, the organisation should have robust and transparent quality assurance processes. The service should ensure that all staff are fully aware of their role and the expectations of good practice found in the Scottish Social Services Council Code of Practice.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 16 September 2025.

Action taken since then

Quality assurance processes were in place and were identifying some areas for improvement, however these were task focussed rather than evaluative.

No action plans were in place following audits, and therefore it was difficult to evidence how these issues were being addressed, in order to make positive changes for people.

Staff were aware of their roles and responsibilities, and practice we observed at the time of inspection aligned with Scottish Social Services Council Codes of Conduct (SSSC).

Staff had completed questionnaires to gauge their understanding of their roles and codes of conduct, although it was not clear how this information was used to gauge where further learning was required. Information from these should inform supervision meetings, in order to prompt conversations regarding staff continued professional development, in order to improve practice.

Observations of staff practice were being carried out, but not being recorded formally. See under Key Question 2.

This area for improvement has been met. A new area for improvement will be made regarding quality assurance under Key question 2.

Complaints

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

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?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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