

# Deanston House Care Home Service

Deanston House  
Deanston  
Doune  
FK16 6AD

Telephone: 07786817406

**Type of inspection:**  
Unannounced

**Completed on:**  
9 February 2026

**Service provided by:**  
Deanston House Limited

**Service provider number:**  
SP2019013303

**Service no:**  
CS2019374768

## About the service

Deanston House is a 20-bed residential service supporting adults with a diagnosed intellectual disability, neurodiversity and autism. The overarching aims and objectives of Deanston House are to ensure a quality of life for people, while providing support to develop skills and independence, through transition or positive rehabilitation. The service is situated in a converted stately home within extensive grounds, close to the villages of Deanston and Doune in Stirlingshire. The service provider is Deanston House Ltd, and has been registered with the Care Inspectorate since 8 August 2019.

## About the inspection

This was an unannounced inspection which took place on 9 February 2026. This inspection was a follow-up to review two requirements, and one area for improvement made at the last inspection in October 2025. 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 people using the service, staff and management
- observed practice and reviewed documents.

**Key messages**

The provider had established quality assurance processes to ensure people received prescribed medication when they should, and to make sure that medication management was safe.

The provider had introduced electronic care planning that made sure that risk assessments and care plans were up-to-date, easily accessible to staff and designed to better meet people's outcomes and wishes.

The service had consulted with some people about the environment, and had begun a process of refurbishment to better meet people's outcomes in their home.

**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 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

A requirement had been made at a previous inspection in October 2025. The service had put an action plan in place to manage the improvements needed. The service had met the requirement at this inspection.

The requirement was in relation to improving outcomes for people, through effective medication management (see section: 'What the service has done to meet any requirements we made at, or since the last inspection').

We saw significant improvement in medication processes and how people were kept safe when supported with medication, and we have re-evaluated quality indicator 1.3 from adequate to good.

The overall evaluation for this key question is good.

## How well is our care and support planned?

4 - Good

A requirement about care planning had been made at a previous inspection in October 2025. The service had put an action plan in place to manage the improvements needed. The service had met the requirement at this inspection.

The requirement was in relation to improving outcomes for people through effective care planning (see section: 'What the service has done to meet any requirements we made at or since the last inspection').

We saw significant improvement in care planning processes, and we have re-evaluated quality indicator 5.1 from adequate to good.

The overall evaluation for this key question is good.

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

### Requirements

#### Requirement 1

By 14 December 2025, the provider must ensure they keep people safe and healthy, by ensuring that all medications are managed safely and administered as prescribed.

To do this, the provider must, at a minimum:

- a) Ensure that staff who administer medications are trained and have competency assessments undertaken.
- b) Ensure that administration instructions are detailed including, but not limited to, 'as required' medication.
- c) Implement a system to monitor the accuracy of topical prescriptions when transcribed by staff.
- d) Implement a system to regularly monitor and quality assure medication management.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures care and support is consistent with the Health and Social Care Standards, which state: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

**This requirement was made on 31 October 2025.**

#### Action taken on previous requirement

We considered this requirement at our inspection. The service had organised training and competency assessments for all staff who administer medications. When we looked at the training records, we could see that there had been a good uptake with 93% completion. The prescription charts had been reviewed so that instructions were very clear, and people were kept safe. The provider had put in place a quality assurance framework that supported good management of oral medication, topical medication and a very robust oversight to regularly monitor medication management.

#### Met - within timescales

#### Requirement 2

By 25 January 2026, the provider must ensure that each person's care plan and daily recording reflects their current individual care and support needs.

To do this, the provider must, at a minimum, ensure that:

- a) documentation is sufficiently detailed, and reflects the care planned or provided
- b) care plans are evaluated, to ensure the care and support remains effective
- c) processes are in place where all personal plans are reviewed at a six-month interval, or if a significant change in need occurs
- d) changes to care plans or updates from review meetings are clearly documented, dated and signed in the plan
- e) there is a robust process in place to oversee and quality assure the care plan and risk assessments .

This is to comply with Regulation 5 (1) and (2) (b) (ii) and (iii) (Personal Plans) 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 which state that: "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." (HSCS 1.15).

**This requirement was made on 31 October 2025.**

### Action taken on previous requirement

We considered this requirement at our inspection. The provider had worked hard with the service to introduce a new electronic format for care planning and review. We found that care plans and risk assessments were very detailed, personalised and the system supported an overall update when something changed for individuals. This meant that support plans available to staff were accurate, up-to-date and reflected people's planned and desired outcomes.

**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

In order that people are able to move around and feel secure and comfortable in their surroundings, the service should undertake a review of the environment to support peoples preferences.

This should include but is not limited to:

- a) consideration of access to quiet and /or private spaces

- b) access to personal space (for example, en-suite) with appropriate risk assessment
- c) review of risk that limits independence
- d) inclusion and involvement of people in any plans concerning their home.

This ensures care and support is consistent with the Health and Social Care Standards, which state: (5.11) "I can independently access the parts of the premises I use, and the environment has been designed to promote this. (5.16). The premises have been adapted, equipped and furnished to meet my needs and wishes and (5.18). My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells."

**This area for improvement was made on 31 October 2025.**

### Action taken since then

We reviewed this area for improvement at our inspection. The service had begun to roll out the refurbishment plan, and in some areas this was well underway. People told us that they had been involved in choosing paint colours and liked the areas completed.

Although there was a plan for more private spaces for personal and family use, these were not yet in use although, most people now had access to their own personal spaces. Considerable work and planning had taken place to consider risks and promoting independence, however, this still needed on-going review. The service had made good progress, and we will continue to review this area for improvement at our next inspection.

## Complaints

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

## 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 well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.