

# Daviot Care Home Care Home Service

Daviot  
Inverness  
IV2 5XQ

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**Type of inspection:**  
Unannounced

**Completed on:**  
18 February 2026

**Service provided by:**  
Daviot Care Limited

**Service provider number:**  
SP2010010915

**Service no:**  
CS2010249586

## About the service

Daviot Care Home is registered to provide a care home service for a maximum of 94 adults including people with mental health conditions. The service provider is Daviot Care Limited, which is part of the Meallmore group.

The care home is situated in well maintained, landscaped grounds, approximately seven miles south of Inverness. The building comprises of a converted Victorian building with an adjoining two-storey extension, a three bedroom cottage and a separate single storey purpose-built unit.

The care home is divided into four units; 'The Lodge', 'Heather Unit', 'Moy Unit' and 'Drumboe Unit' which aim to meet the different types of care needs of the people who live there. All bedrooms have en suite toilet facilities and the majority also have en suite showers. There are a number of shared lounges, dining rooms, bathrooms and toilet facilities throughout the home.

There were 80 people resident in the service during the inspection.

## About the inspection

This was an unannounced inspection which took place between 9 and 17 February 2026. The inspection was carried out by three 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 12 people using the service, and 18 of their family, friends or representatives;
- spoke with 21 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with, or had feedback from five visiting professionals.

Additionally, we reviewed the information contained in surveys submitted to us prior to the inspection.

**Key messages**

- Staffing had stabilised and was consistent in most teams, with minimal use of agency staff needed.
- People benefitted from effective working relationship with external professionals.
- The premises offered good quality, clean and warm accommodation.
- The activity team offered good, well planned opportunities; however, many people did not have enough to do.
- Staff were focussed on care delivery, but were often not visible in communal areas, or available to respond to or anticipate people's needs.
- Staff understanding and skills in supporting people with stress and distress needed development.

**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 setting?	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, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

We found that staffing across the four units had stabilised, leading to increased consistency in relation to the staff working in each unit. This resulted in people being supported by staff with whom they became familiar, and who had knowledge of their support needs and preferences.

We heard positive comments about different aspects of the service including:

"Can't speak highly enough of the care and support shown to my Mum".

"The staff are very friendly and answer any questions that I have".

"Feel that my relative is well cared for and I am notified if he needs anything".

"Leaders know their staff and residents well".

One relative told us that they felt that staff cared about them as well as about their relative. Another relative told us that they felt that their Mum had obviously benefitted from becoming resident in the service, telling us, "My mother's wellbeing has drastically improved since being in Daviot. She is happier, calmer and more relaxed". However, we also noted some examples where relatives told us about occasions where personal care had not been provided to the expected standard, or where the immediate environment had not been properly maintained for their loved one.

Across the units, we observed staff who were focussed on support delivery. We also observed non care staff, for example, housekeeping staff, engage warmly with people and demonstrate a level of responsibility for each person's wellbeing.

There was a dedicated activities team in the service, and we could see they provided a range of well-planned activities and social opportunities for people. There were some one-to-one activities for those who did not wish to join group events, or for whom these were not suitable. However, we observed that despite the positive engagement from the activities team, there was not enough for some people to do, and there were gaps in time spent engaging with people in a meaningful way.

We found, however, that because the team were busy supporting people's care needs, staff were not visible in the service, and available to anticipate or respond to presenting needs. This included, for example, responding to call bells timeously or promoting continence.

**(See area for improvement 1).**

The provider used an assessment tool to assess staffing levels. While these are a useful guide to inform staffing needs, we have highlighted the necessity of using these alongside qualitative information, including feedback from people, practice observations, to evidence decisions made about deployment of staff. **(See area for improvement 2).**

Across the units, we observed staff who were focussed on support delivery. Staff engaged politely with residents as they went across their work. We also observed non care staff, for example, housekeeping staff, engage warmly with people and demonstrate a level of responsibility for each person's wellbeing. There were several people who experienced stress and distress because they lived with conditions such as

dementia. While we observed that staff were motivated to develop their practice, we identified that additional coaching was required to promote understanding and enable a more skilled and timely response to people.

**(See area for improvement 2).**

The service evidenced that they had effective arrangements in place to support the administration of medication. These included effective protocols being in place to inform staff about the use of "as required" medication. While practice in terms of topical medication was satisfactory in most units, we noted that record keeping in the Moy unit was variable, which made it difficult to be confident that people were consistently benefitting from application of these preparations. We have, therefore, made an area of improvement about this.

**(See area for improvement 3).**

Food and nutrition were observed to be a positive feature of life in Daviot. Meals were "home cooked" and were well presented. Where needed, people were getting support to eat and drink. Where people required texture modified diets, we observed that significant care was being taken to make them look appetising. There were a range of options available at mealtimes, and show plates were used to support people to exercise choice. People's health benefitted from a regular review of dietary needs, and we observed good practice in the use of food fortification.

Drinks were readily available in people's rooms and throughout the home. These were being regularly refilled and replaced. Staff were regularly prompting and supporting people to drink. These measures support people to eat and drink well, and to achieve good outcomes in terms of nutritional intake and hydration.

Although support plans were not evaluated at this inspection we did review a number in each unit as part of our core assurances. While we saw examples of where information needed to be updated, most of the plans that we looked at would support staff to understand the person's core needs. We also observed positive practice, for example, in the review and use of health-related assessments to inform important aspects of service delivery.

We were confident that people were supported appropriately when health needs changed. Professionals told us that they felt that health concerns or changes were escalated timeously to the appropriate practitioner, so that people received the necessary treatment or interventions.

## Areas for improvement

1. To support people's wellbeing, the provider should ensure that:

- a) staff respond timeously to call bells.
- b) people experience a discreet, proactive approach, to supporting continence.

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

"My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected". (HSCS 1.23); and

"I am confident that people respond promptly, including when I ask for help". (HSCS 3.17).

2. To support people to receive responsive care and support, the provider should ensure that people's needs are met by the right number of suitably skilled practitioners.

This should include:

- a) evidencing staffing levels which take account of findings from regular observations of practice, feedback from staff and other stakeholders, and events such as accidents and incidents in assessing dependency.
- b) deploying staff in ways and in such numbers that enable a responsive approach to people's needs.
- c) increasing staff skill, understanding, and competence in supporting people who experience stress and distress.

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 3.16); and  
"My needs are met by the right number of people". (HSCS 3.14).

3. To ensure that people benefit from their topical medication the service should ensure that:

- a) detailed records are maintained to evidence the consistent administration of prescribed creams and lotions as appropriate to the person's needs.
- b) these are regularly checked and action taken to address any gaps.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice". (HSCS 4.11); and  
"I am assessed by a qualified person, who involves other people and professionals as required". (HSCS 1.13).

## How good is our setting?

## 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Daviot Care Home offers good quality accommodation. The home comprises of four different units, which were different in terms of the style of accommodation offered. The premises were generally well maintained, well furnished and fixtures and fittings were in good repair. Overall, any remedial work needed was of a minor nature. People's bedrooms were pleasant spaces and people were encouraged to personalise these to their own preferences. The premises are surrounded by well maintained, landscaped grounds. Work to enhance some outdoor spaces, and access to these was planned.

Environmental safety checks, and equipment maintenance checks were in place and up to date, which supported people's safety and wellbeing. We saw completed records for fire safety; equipment checks and cleaning schedules. This meant that people could be confident that the environment supported their health and safety.

We observed that the provider had continued to invest in the fabric of the building and in the amenities available to people. For example, Drumboe unit benefitted from the installation of a cinema room and an "American Diner" area, which have enhanced the entertainment and facilities available to people.

Standards of cleanliness and robust infection prevention and control measures were evident and supported by regular checks and audits. Housekeeping staff played a key role in maintaining a clean, fresh and clutter free environment. Laundry services were being well managed from both an infection prevention and control perspective, and in the standard of care taken with people's clothes. Of relevance to infection prevention and control, we noted an ongoing issue with staff compliance with guidance about wearing jewellery and using nail products. While the provider demonstrated that immediate action was taken to address this, as this was a recurring issue we have made this an area of improvement.

**(See area for improvement 1).**

The provider had made use of the King's fund tool to assess the extent to which the environment was dementia friendly. We suggested that, while these had resulted in some useful assessments, it may be more helpful to carry these out individually in each unit. We shared our findings that the service setting does not offer many opportunities for smaller group experiences. We discussed that the larger sitting rooms, accommodating large groups, did not necessarily offer the most beneficial environment for people to feel comfortable in, and suggested that the provider could consider where they were able to make adjustments that could enhance people's experiences.

## Areas for improvement

1. To support people's wellbeing, and support safe care, the provider should ensure that:

- a) staff understand and apply national and local guidance regarding infection prevention and control, including but not limited to, wearing inappropriate jewellery and using nail products when delivering care.
- b) leaders support good practice within teams by effectively monitoring practice and reinforcing organisational expectations.

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); and

"I use a service and organisation that are well led and managed". (HSCS 4.23).

## 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 positive outcomes for people who use the service, the provider should ensure but not limited to:

- a) improvements are made to supporting people with their daily oral care and accurate recording of this.
- b) people have regular access to fluids and where someone is at risk from dehydration, fluid balance charts are accurately maintained.
- c) where an individual has a wound or pressure ulcer, their records include a wound assessment/treatment chart, a record of the treatment, and photographic evidence of the wound.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

**This area for improvement was made on 4 December 2024.**

#### Action taken since then

There was some variation in practice noted in terms of oral care in Moy unit and to some extent in Lodge unit. Practice in Heather unit, however, indicated that within that unit oral care practice was satisfactory. Positively, caring for smiles training, targeted at staff who have not previously had this training, has been scheduled. We would reiterate the importance of ensuring that team leaders increase their oversight of this area of practice, including checking that people who are identified as managing with a prompt, remain able to manage with this level of support. Based on our findings across the service, this component of the area for improvement will continue as an area for improvement.

As previously stated under key question 1, we were satisfied that people were having regular access to fluids, and were being supported to remain well hydrated. Staff were regularly prompting people to drink. Various options were available to support choice. Fluid balance charts were being kept when this was required. We suggested practice could be further strengthened to ensure that team leads demonstrated regular oversight of these.

There were no wounds or pressure ulcers in the home. This is encouraging in terms of good practice. Skin bundles were being completed and kept up to date for people whose skin integrity was at risk.

We were, therefore, confident that with the exception of oral care practice, this area for improvement will be met.

This area for improvement will be considered **partially met**.

### Previous area for improvement 2

To ensure ongoing good outcomes for people, formal six monthly reviews should include reviewing and considering the person's "written care plan". If changes are identified the care plan should be updated to reflect these. This should include financial plans.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

**This area for improvement was made on 4 December 2024.**

#### Action taken since then

We noted that six-monthly reviews were being carried out regularly. There was a variation noted in the quality with which these were being carried out, and would recommend that the provider use their quality assurance processes to support consistency and further improvement in this area. It is important that these quality checks also check that action points taken forward following reviews are progressed. However, while taking cognisance of these residual points, we were satisfied that this area for improvement had been **met**.

### Previous area for improvement 3

To support people to maintain their interests and meaningful connections, and to get the most out of life, the provider should improve access to the internet and technology within people's rooms.

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

'If I experience 24-hour care, I am connected, including access to a telephone, radio, TV and the internet' (HSCS 5.10).

**This area for improvement was made on 4 March 2026.**

#### Action taken since then

We understand that a phased approach has been taken to addressing this area for improvement. While we saw that there had been improvement, this area for improvement will continue until the issues are resolved. We have highlighted that this work should include addressing the issues with the phone system.

This area for improvement has **not been 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).

## 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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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