

# Darroch Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
23 February 2026

**Service provided by:**  
Darroch Nursing Home Limited

**Service provider number:**  
SP2003002416

**Service no:**  
CS2003010565

## About the service

Darroch Nursing Home is a registered care service for a maximum of 40 people.

The home is privately owned by Darroch Nursing Home Limited and is situated in a quiet residential area of Seafar in Cumbernauld, close to local amenities including, shops and public transport routes.

The building offers accommodation across two floors. There are two large main lounges and dining areas on the ground floor, with smaller seated areas across both floors. There is a large, garden that can be easily accessed from the sun lounge. There were 35 people using the service at the time of inspection.

## About the inspection

This was an unannounced inspection which took place on 17 and 18 February 2026 between the hours of 10am and 23:30pm. The inspection was carried out by 2 inspectors from the Care Inspectorate and with the support of 2 inspection volunteers. 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 8 people using the service and 3 of their family members
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- consulted with 2 visiting professionals
- reviewed survey results from 10 supported people, 4 relatives and 12 staff members

## Key messages

Most people were positive about their care and support, however, the service must improve their documentation and overview to evidence that appropriate care tasks have been carried out in line with people's assessed needs.

To effectively support people living with dementia, the service should ensure staff are trained to the appropriate level.

The environment was of a good standard, although some audits would benefit from additional input from the management team.

## 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 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?

## 3 - Adequate

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

Most people that we spoke to were happy with their care and support and were positive about the staff who were supporting them. Similarly some relatives reported that they were happy about the standard of care at the home, however, some felt that there were improvements that could be made. We shared some of the themes with the management team.

We sampled documentation across the service and found some gaps in recordings that had the potential to lead to poor outcomes for people. The recordings that had been made relating to people's personal care did not effectively capture what had taken place or when. The provider acted upon this feedback at time of inspection and new paperwork was implemented promptly. The service were not appropriately completing or evaluating fluid monitoring and re-positioning charts for people that required these. There were existing areas for improvement in place with regards to both of these topics.

**(See 'What the service has done to meet any areas for improvement we made at or since the last inspection'),**

so we have now incorporated these into a new requirement.

**(See requirement 1).**

We found that supports being provided were not always aligned to people's assessed needs in terms of mobility and dietary requirements, putting people at risk.

**(See requirement 1).**

Although we found medicine administration records were completed to a good standard and people were receiving oral medication as directed, records of topical creams and lotions that had been prescribed were only partially completed. These recordings did not appear to be checked for accuracy, leaving opportunity for missed applications.

**(See requirement 1).**

We noted gaps in some ongoing assessments for people's health and found paperwork for people's six-monthly reviews lacked an overview and was difficult to track.

**(See requirement 1).**

Management and the staff team appeared to know people well and we witnessed some warm and engaging interactions. At a previous inspection we referred to staff requiring dementia training to skilled level. in order to provide effective support to people. There appeared to be some training gaps at time of this inspection and it was not clear which level the dementia training was pitched at.

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

The feedback we received from external professionals was positive about how the service supported people, but the lack of appropriate documentation made this difficult for us to assess. Overall, the service found it difficult to fully evidence some of the supports that had taken place. We were not fully assured that recordings were monitored to ensure people were receiving input in line with their required supports.

## Requirements

1.

By 1 June 2026, the provider must ensure people are supported safely in line with their assessed needs. To do this, the provider must, at a minimum:

- a) fully record and evaluate fluid charts for those that require monitoring
- b) fully record and evaluate repositioning charts for those that require support
- c) fully record and evaluate topical medication administration records
- d) comprehensively risk assess people's mobility support needs and align with emergency evacuation plans
- e) keep ongoing assessments up to date relating to skin integrity, falls and safer swallowing
- f) ensure six-monthly reviews take place and capture any changes to support needs and people's wishes

This is 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 that care and support is consistent with 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)

## Areas for improvement

1.

To support positive outcomes for people, the provider should ensure that staff members have a skilled level of dementia training.

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

'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).

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 free from obtrusive smells and was mostly well maintained. Most areas were welcoming and bedrooms had been nicely personalised. The service shared a building improvement plan which highlighted work that was planned to refresh some tired areas. The service were prompt to action a couple of areas which we identified as needing some input and were remedied immediately. We made additional suggestions including the lay out of lounge areas, potential reorganisation of medication trolleys to maximise effectiveness and questioned if call bells were easily heard around the home. The service told us that they will look into these areas. Although there were routine checks in place, we requested for management to revisit the thoroughness of some environmental audits and their ability to identify and action issues.

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

Whilst some people spoke positively about the food on offer, there were some comments of dissatisfaction and we gave some examples to the service. We gave feedback to the service about the dining experience and the service have agreed to give some additional consideration to this area. In addition to communal lounge areas, there were smaller areas used by people and their families. We were able to observe some activities taking place and the home had an accessible outdoor area and a pleasant garden room. PPE (Personal Protective Equipment) was readily available in corridors and bedrooms and routine safety checks were in place. Overall, we were assured that the quality of the facilities were of a good standard.

### Areas for improvement

1.

To support people's wellbeing, the provider should ensure that thorough and effective environmental audits take place relating, but not limited to, mattress checks, mealtime experiences and emergency pull cords.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

## 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 health and well-being the provider should ensure recordings of people's fluid intakes are fully completed.

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

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

**This area for improvement was made on 18 September 2024.**

#### Action taken since then

Fluid chart templates that were in place were not fully utilised and did not include expected targets to aim for. The amounts of fluids were not totalled and there was no evidence that these charts were reviewed to check if people who required monitoring had been offered or consumed enough fluid. It was positive to note that fluid charts were in use for people who were receiving short-term antibiotics but some people who had fluid monitoring mentioned in their care plans did not seem to have charts in place.

We were not assured of the effectiveness of fluid monitoring. Records of handovers between shifts did not always capture information relating to fluid charts, despite the template covering this area. We were not aware of any poor outcomes for people relating to low fluid intake but felt that there were risks associated with ongoing gaps in recordings remaining since our last inspection.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 'How well do we support people's wellbeing'.

#### Previous area for improvement 2

To support people's health and well-being the provider should ensure people have opportunities to leave the home should they wish.

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

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

**This area for improvement was made on 9 November 2023.**

## Action taken since then

We met with activities staff who detailed some off-site outings that had taken place. We viewed records and photographs of these activities. There was evidence of resident meetings where people were able to give suggestions or feedback about the activities on offer.

This area for improvement has been met.

## Previous area for improvement 3

To support people's health and well-being the provider should ensure recordings of re-positioning are fully completed.

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

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

**This area for improvement was made on 9 November 2023.**

## Action taken since then

We were given some conflicting information about which people required to have re-positioning charts in place. We were unable to source a chart for one person whose care plan identified that they should have monitoring in place. Some assessments that should have happened for people with risks to skin integrity appeared to be out of date. Although we found no evidence of poor outcomes at this time and a low incidence rate of pressure ulcers, we felt that there were risks if this area was not effectively monitored and recorded.

This area for improvement had remained been in place for some time.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 'How well do we support people's wellbeing'.

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

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