

Dunvegan - Stenhousemuir Care Home Service

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Type of inspection:
Unannounced

Completed on:
4 March 2026

Service provided by:
Parkcare Homes No.2 Ltd

Service provider number:
SP2003000147

Service no:
CS2003015617

About the service

This service has been registered since 2003. Dunvegan - Stenhousemuir provides a care home service for up to 33 adults with learning disabilities, who may also have physical disabilities and mental health concerns. The service is provided by Parkcare Homes No.2 Ltd, which is part of the Priory Group.

The care home consists of a main house and a further eight houses, located within the grounds of the care home. The care home is situated in the community of Stenhousemuir and is close to local amenities and local transport.

About the inspection

This was an unannounced inspection which took place on 3 and 4 March 2026. 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 13 people using the service and three of their family members, including responses to the pre-inspection surveys
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People living in the service benefitted from care and support based on good practice.
- Staff encouraged people to be as independent as possible and balanced this well with keeping people safe.
- The service needed to put an improvement/development plan in place.
- The provider needed to make further improvements to the redecoration of the service.
- The service had been designed well to support small group living and there was a nice sense of community.

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?	5 - Very 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?

5 - Very Good

We found significant strengths in the care provided which supported positive outcomes for people; therefore, we evaluated this key question as very good.

People living in the service benefitted from care and support based on good practice. Health assessments were completed regularly, and people were referred to visiting professionals or community health and care support as needed. The staff team were warm and friendly, and it was clear they had very good relationships with people experiencing care. Staff included people in making decisions about their care and support through everyday choices, at community meetings or at more formal reviews. Support plans were person-centred with good detail of people's social history as well as current needs and preferences. These were audited regularly and the leadership team were aware of and actioning a small amount of areas of record keeping that needed to improve. This enabled people to have confidence in staff because they were trained, competent and skilled, able to reflect on their practice and follow their professional and organisational codes.

Staff encouraged people to be as independent as possible and balanced this well with keeping people safe. Where people required others to make some decisions for them, the relevant legal documents were in place. Where people were at risk of harm, staff took appropriate action, involved relatives or nominated representatives as appropriate and regularly reviewed the person's care and support to ensure it remained relevant. Staff also worked alongside partners when specialist input was needed. People then could expect that if their independence, control and choice were restricted, this would comply with relevant legislation and any restrictions would be justified, kept to a minimum and carried out sensitively.

People had as much control over their medicines as possible. Some people took their medicine independently or with support from staff. Medicine administration records were completed well and records were audited by the leadership team to ensure practice aligned to the relevant guidance. People's medication was regularly reviewed to ensure it continued to meet their health needs. This meant medication management was safe and effective.

The service did not have an improvement plan in place. We spoke with the leadership team about the need to write an improvement or development plan, informed by feedback received from people experiencing care, their nominated representatives, staff and visiting professionals. They agreed to do so and we will review this at the next inspection.

Staff encouraged people to move regularly and remain as active as they could be. There were many opportunities to take part in activities within the service or in the community. Staff supported people to benefit from employment, volunteering or educational opportunities. People living in the service had built up positive relationships with one another and enjoyed doing things together. One person said: "It is a lovely community; it feels like a second family," and another said: "I have plenty to do and keep me occupied and busy," and another said: "I have been here a few years, I really love it." People who had restricted mobility were encouraged to move as much as they could through appropriate exercise and fun activities. As a result, people could 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.

People's wellbeing benefitted from the service taking a healthy approach to eating and drinking. People living in the same flat were encouraged to take turns cooking. One person said: "There is a weekly shop

budget, we take turns each cooking. I am a good soup maker." Budgeting for food and drink depended on people's needs. One person said: "I have my own planner and own food which promotes my independence." Staff made meals when a person was unable to do this for themselves. Each building had a fully fitted kitchen so people could access food and drink whenever they wanted. Some people chose to occasionally eat takeaway food from local services and sometimes a group of people went out for a meal together. People then could be confident they could choose to make their own meals, snacks and drinks, if appropriate and with support if they needed it.

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.

There were clear, planned arrangements for regular monitoring of the setting and equipment. Safety certificates were in place for utilities and equipment, and the leadership team had good oversight of when these were next due. The service arranged for contractors to visit when urgent repairs were needed. As a result, people could be confident their environment was secure and safe.

The provider needed to make further improvements to the decoration of some people's homes. Some areas had been refurbished to a good standard since the last inspection; however, there were many areas throughout the community that needed to be repaired or redecorated. Some of these areas were small and could be quickly upgraded, such as scuffed woodwork or dirty marks on walls. Other areas required more investment, such as flooring that needed replaced and one broken radiator. One person said: "We need a new bathroom floor and my room needs redecorated." To support people's wellbeing, we made an area for improvement about this (see area for improvement 1).

The service had been designed well to support small group living. Each dwelling had its own style of décor; people were involved in choosing colour schemes and furniture, and bedrooms had more personalised decoration. There were plans to install a summer house in the grounds so people could still benefit from being outdoors when the weather was less warm or dry. There was a sense of community and people visited each other's houses or gathered together outdoors to chat and socialise. As a result, people benefitted from a setting that was the right size for them, could choose to use private or communal areas as they wished, with the right to privacy when they wanted.

Staff were aware of their responsibilities with regards to environmental cleaning. Cleaning records were completed fully. Staff encouraged people to independently clean their home as they were able and were responsible for housekeeping when people were not able to do this for themselves. One person said: "Staff are friendly and helpful, I am glad to have them." As a result, people were benefitting from a setting that was clean and free from intrusive smells.

Areas for improvement

1. To promote the dignity and wellbeing of people living in the service, the provider should produce an environmental audit and carry out any actions identified. This should include, but is not limited to:

- a) Redecoration of private and communal areas.
- b) Replacement of any damaged flooring.
- c) Include the views of people living in the service when planning the redecoration.

This is to ensure that care and support is consistent with the Health and Social Care Standards (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).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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