

Richmond House, Crieff Care Home Service

Richmond House
Drummond Terrace
Crieff
PH7 4AF

Telephone: 01764 653 934

Type of inspection:
Unannounced

Completed on:
26 February 2026

Service provided by:
Richmond House, Crieff, a Scottish
Charitable Incorporated Organisation

Service provider number:
SP2015012632

Service no:
CS2015343348

About the service

Richmond House is a large Victorian style property which can provide care for up to 20 residents. The organisation is a "non-profit" residential care home operating within Crieff, Perth and Kinross. The care home is managed by a board of trustees who delegate day-to-day management to the manager.

People have access to a large lounge, with a small conservatory and an additional smaller lounge for residents to relax in. There is one dining room, which is also used for people to enjoy structured activities that may require the use of tables. There is a main kitchen and small staff kitchen adjoining this, which people and relatives/friends can access.

The home has a beautiful secure garden that can be accessed by people from the small lounge. The garden includes sensory features and exercise stations. In addition, there are apple trees, a variety of plants, and vegetables.

About the inspection

This was an unannounced inspection which took place on 20 and 23 February 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Discussed care practice and support provided with people and their relatives, and staff members.
- Spoke with 7 people using the service.
- Spoke with 4 family members/representatives of people using the service.
- Spoke with 6 members of staff and management.
- Spoke with 2 visiting professionals and received feedback by 2 other professionals via email
- Received feedback through care standards questionnaires from 17 people using the service and their relatives, 5 staff members, and 2 external professionals.
- Observed care practice and daily life.
- Reviewed documents.

Key messages

- People and their relatives were very happy with the care they received.
- People were treated with kindness and respect.
- Staff were visible and supported a range of meaningful activities, conversations and meaningful connections for people were very important.
- People benefited from a clean, homely and comfortable environment.
- Personal plans and risk assessments need to contain up to date, detailed, clear, and consistent information.
- The leadership was responsive to continued improvements of the service to ensure positive outcomes for those being supported.

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?	5 - Very 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?

5 - Very Good

We made an evaluation of very good for this key question. Performance demonstrated significant strengths in supporting outcomes for people. There were few areas for improvement.

The home was warm and welcoming, with a pleasant, relaxed atmosphere. Staff were kind and caring and knew people well. We were told, "I get on well with all staff and they treat me well and with respect." and "I am happy here, staff are kind and understanding". As a result, people were being looked after with dignity and respect, in a nurturing environment.

Staff engaged with people in a manner that was supportive, working at each individual's pace and offering gentle encouragement. This meant that people did not feel rushed when carrying out tasks, leading to people remaining independent as long as possible. People were encouraged to take positive risks alongside this approach, which meant they retained a higher level of control over their own decisions, and continued to experience meaningful activities and interactions daily.

Staff supported people to get the most out of their day. People were able to choose from a wide range of activities in and out of the home environment, both as individuals, or part of a larger group. There was a daily focus on mobility and movement. There was evidence of good links within the local community. People told us, "I like to go for walks, we do this every day." "my loved one gets to have normal opportunities" and "my loved one does so much, there is a lot of stimulation there."

People's health and wellbeing benefited from their care and support. Good communication within the staff team meant people were kept up-to-date about people's changing needs. The service had good links with medical and allied health professionals, and was responsive to people's changing needs. People told us, "the staff notice changes in my loved one that I had not picked up on myself."

People benefited from a varied and well-balanced diet. There was a very good selection of meals, snacks and drinks which reflected people's dietary needs and preferences. The provider ensured that people enjoyed their mealtime experience. People could choose to eat in a formal setting, or in the privacy of their room. People told us "with the cakes we are spoiled" and "The food is out of this world".

Overall, people were getting the most out of life and experiencing very good care on a day-to-day basis. Where improvements could be made, we found staff and managers open to looking how they could make things better.

How good is our setting?**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore, we evaluated this key question as very good. There were few areas for improvement.

People benefited from a warm, comfortable and welcoming environment. The care home was bright, airy, and free of obtrusive noise or smells. While the service was busy and there were activities happening, there was a relaxed atmosphere and people told us that they were happy with their home. People were able to help themselves to drinks and snacks, as they would in their own home.

There were communal lounges available for people to spend their time. There were smaller communal areas that were also available for people and their families. Furniture was of good quality and had been laid out in communal areas in a way that encouraged socialising. This contributed positively to a comfortable living environment.

People's bedrooms were clean and well-maintained, people told us "I have a nice room". People were able to personalise their bedrooms as they wished, and could access all areas of the care home including well-tended outdoor garden spaces. People told us "I picked the colour of my flooring." This promoted each person's experience, dignity, and respect.

Infection prevention and control was being well-managed, and staff were following national guidance. Housekeeping staff performed at a high standard, keeping all areas of the home fresh and clean, and quality assurance processes monitored performance of staff to ensure compliance. As a result, the risk of infection and cross-infection was reduced.

The laundry was well organised however plans were in place to improve the laundry area. There was adequate Personal Protective Equipment (PPE) within the care home and staff were observed using and disposing of PPE appropriately. The service managed infection, prevention, and control well, which meant that the risk of infection spread was reduced.

Accident and incident records, safety checks, maintenance records and equipment checks were completed, and people could be assured that their living environment was safe and secure.

How well is our care and support planned?

4 - Good

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

People's care plans demonstrated that their wishes for their care arrangements were captured. There was evidence of focus on promoting their skills and encouragement of independence. People were recognised as experts of their care.

Whilst personal plans and risk assessments detailed peoples wishes, skills, abilities and how these should be supported, these also contained out of date or incorrect information. This meant that personal plans and risk assessments did not accurately reflect the care and support people needed and there was a risk of people not receiving the right support if staff were unfamiliar with their care requirements. It is important that all information contained within a care plan is accurate, current, and consistent to ensure that people's care and health requirements are being met (see area for improvement 1).

People and their relatives were involved in making decisions about care arrangements, planning and reviews. People told us they had access to their care plans and were involved in care planning and reviews. This enabled people to be active participants in their care and have control over their care.

Arrangements were in place for regular monitoring and evaluation of matters that can impact on a person's health or wellbeing. This included skin condition, weight and mobility. This kind of monitoring assisted people to keep good health, as it meant any concern was identified early and was then, usually, easier to address.

Legal documentation was in place to ensure people were protected and their rights were upheld. The service did not have consent forms in place which were signed by the appropriate person for all restrictions that were in place. The service was going to ensure signed consents are in place for all restrictions moving forward. This would ensure people's human rights were recognised and promoted.

People had anticipatory and end of life care plans in place. The plans reflected people's individual needs and wishes. This meant people's specific wishes and preferences could be attended in the event of a person's condition deteriorating.

Areas for improvement

1. To support safe and consistent care, the provider should ensure that all personal plans are reviewed and updated promptly when people's needs, routines or risks change, so staff always have the most accurate information to guide practice.

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

"My personal 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)

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

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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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

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