

Drumdarroch House Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
24 March 2026

Service provided by:
Priority Care Group Limited

Service provider number:
SP2003000048

Service no:
CS2003010387

About the service

Drumdarroch House Nursing Home is a care home for older people situated in a quiet residential area in the village of Insch, which is in rural Aberdeenshire. The service provides nursing care for up to 41 older people, of whom three may be adults with physical and sensory impairment. There were 41 people living in the service at the time of the inspection.

The service is purpose-built and provides accommodation over a single floor in single bedrooms, each with en suite facilities. There are two sitting rooms, one large dining room and shared bathrooms, as well as outdoor spaces and well-tended gardens.

About the inspection

This was an unannounced inspection which took place on 17 March 2026 between 9:00 and 15:30. A further visit took place on 23 March 2026 between 9:30 and 15:30. 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 14 people using the service and three relatives or friends who were visiting the service.
- Spoke with eight staff and management.
- Received 38 completed questionnaires or emails from people using the service, relatives, staff, and visiting professionals a further 14 relatives and 8 staff emailed as part of the inspection process.
- Observed practice and daily life.
- Reviewed documents.

Key messages

People and relatives consistently described the home as warm, friendly, safe, and caring, with strong leadership and high satisfaction overall.

- Staff interactions were mostly kind, compassionate, and respectful, helping people feel valued, although some interactions were more task focused.
- Activities were well organised, meaningful, and widely praised, with strong community links and positive impacts on wellbeing, though the activity planner needed improvement.
- Care plans and documentation lacked detail and consistency, creating risks that people's changing needs may not be promptly identified or met.
- Medication management and health oversight were generally good, though minor recording issues created risks of inconsistent support.
- Staffing pressures and reliance on agency staff continued, and oversight within units needed strengthening to ensure consistent daily practice and outcomes.

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. There were a number of important strengths which taken together clearly outweigh areas for improvement.

Relatives express very high levels of satisfaction with the care provided at Drumdarroch. The home is described as warm, friendly, safe, and extremely caring, with strong leadership. Concerns raised are limited and mostly relate to staffing pressures and occasional minor issues with personal care or housekeeping. Many relatives say they would confidently recommend the home. People said, "I feared that my independence would be taken away from me when I moved in here but that couldn't be further from the truth.", "I couldn't ask to be looked after better." and "I appreciate that I have my independence. This means a lot to my family too."

People said they were treated with kindness, compassion and understanding. Families commented on a respectful rapport between staff and people. There were many kind, genuine interactions seen, staff took time to explain and provide reassurance. Staff were seen taking time to sit and chat to people while assisting them. Most staff clearly knew people well. Staff were good at acknowledging and interacting with everyone, this made people feel valued and respected.

The wellbeing coordinator organised fun and engaging activities that improved people's daily lives. People and their families praised the volunteers, events, and outings, saying they were enjoyable and well organised. People benefited from a wide range of meaningful activities, and many took part regularly. Community links, including schools and pet therapy visits, helped people feel more connected, while staff also supported those who preferred quiet time. The exercise sessions were well attended, and people's enthusiasm created a lively, positive atmosphere. This session helped improve physical movement, emotional wellbeing, and social interaction. Overall, activities were varied, inclusive, and well run, although the activity planner could be improved to make sure this good practice is consistent.

People were mostly well presented. People were offered baths or showers, but this was not always in line with their preferences. Staff need to become better at recording if people decline or refuse assistance or support. A relative raised a concern regarding the lack of attention to detail about her mother's personal care. Staff needed to develop more creative approaches to maintaining people's dignity, especially for those people who at times may be distressed or agitated.

Staff demonstrated a good understanding of medication systems. However, minor concerns with housekeeping and recording practices, were discussed with the manager. These issues created a risk of people receiving inconsistent support and the potential for medication not being administered as prescribed.

Health oversight was good, led by the management team and senior staff. Staff were proactive in seeking advice and demonstrated professionalism and a person-centred approach. Communication with external professionals and families was good. However, these positive practices are not consistently supported by documentation. There was a risk that people's changing needs may not be identified or met promptly by agency or bank staff who were not as familiar with people. Families said the staff were good at keeping them updated and answering questions. This assisted in building trusting relationships between the staff and families.

People were positive about meals, and staff provided kind, attentive support with eating and drinking. Staff

recognised changes quickly, and clinical oversight ensured weight or nutrition concerns were addressed promptly. However, inconsistent fluid and nutrition records reduced oversight and created a risk of inconsistent care.

Staff understood how to support people who were stressed or distressed and worked closely with external healthcare professionals to ensure their care was appropriate. However, documentation did not reflect the positive outcomes achieved. Strategies for managing stress and distress were not detailed, current, or evaluated. As a result, people were at risk of not receiving support that fully protected their rights or met their needs. As a result, there was the potential risk the people's care and support may be inconsistent.

Two families praised the exceptional kindness shown at the time of a resident's passing and the sensitive arrangements that included a deeply personal in room funeral for a resident with no close family. Staff consistently used and updated anticipatory care planning documentation and assessments. These practices demonstrated a strong commitment to dignity and compassion.

Staffing had been a significant issue due to high turnover, and although recruitment was ongoing, the service remained dependent on regular agency and bank staff. Despite this, people and relatives consistently described staff as kind, caring, and attentive, including during end of life care. Families also reported that staff were respectful, compassionate, and communicated well, keeping them informed about health changes or emergencies. Several relatives said staff went "over and above," which created a strong sense of safety and trust. However, there was insufficient oversight of practice and outcomes for people on each floor on a daily basis. Senior staff, within each unit, needed to be more diligent to ensure a consistent focus on improving daily outcomes for people and ensuring documentation fully supported consistent, high quality care. (see area for improvement 1)

The care planning system was not being used effectively to support people's care and support. Care plans and documentation were not reflective of people's experiences or outcomes. The quality and standard of documentation need to be improved to reflect changes in people's health, care and support. As a result, there was a risk of inconsistent care. Work to improve the standard and quality of documentation remains ongoing and forms part of the services improvement plan. (see area for improvement 2).

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that there is effective leadership within each unit on each shift to support and deliver consistent standards to people experiencing care.

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 is consistent and stable because people work together well' (HSCS 3.19).

2. To ensure people receive the care and support that is right for them and their thoughts and wishes are respected, the provider should ensure accurate recording of all care and support provided by staff, to facilitate effective evaluation.

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

How good is our setting?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

The home was friendly and welcoming. It was clean, tidy and clutter free. The home was described as lovely, peaceful, and well-maintained. Staff took pride in the service and appreciated that it was peoples' home. Housekeeping staff had a good understanding of standards and expectations. Cleaning processes appeared structured and effective. The chemicals used to clean bathrooms and toilets were not in line with Infection Control practices. The IPC audit had not identified this concern. Improving oversight of IPC practices would assist in reducing the spread of infection within the home. The management team were continually reviewing the environment. The services improvement plan could be further developed to ensure the home continued to enhance and promote a good quality of life for the people who live there. (see area for improvement 1)

Maintenance arrangements had recently changed following the sudden loss of the maintenance man. A new maintenance man had very recently taken up post. Although there were some gaps in daily checks, all essential safety checks were completed, ensuring no immediate risk to people. A relative's son in law was observed fixing a wardrobe; the family explained that this reflected familiar routines from home, which helped maintain the resident's sense of normality and personal identity, supporting emotional wellbeing.

People could move freely around each unit in the home. There were several communal areas that people and their families could choose to spend time in, including the garden. People spoke highly of the garden and the work done by a volunteer. The gardens and patios were not easily accessible, as people relied on staff support to go outdoors. One relative expressed a wish for more enclosed outdoor space to improve safety and enjoyment, and a person said he would like to go outside but staff were worried he might fall. Consideration had been given to people's window views, with bird feeders and bird bath well maintained, offering a positive and engaging outlook for people.

Areas for improvement

1. To ensure that people live in a safe environment, the provider should ensure cleaning products used meet best practice guidance and are stored safely.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe." (HSCS 5.19)

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?	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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