

# Dounemount Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
13 April 2026

**Service provided by:**  
Dounemount Care Limited

**Service provider number:**  
SP2020013471

**Service no:**  
CS2020378967

## About the service

Dounemount Care Home is a care home that provides care and support for up to 34 older people. The provider is Dounemount Care Limited.

The home is a converted traditionally built house that has been extended to provide accommodation on three levels. There are two wings: Alvah and Doune. The bedrooms located in the extension, Alvah, all have en suite toilet facilities. Some bedrooms in Doune do not have en suite facilities. There are shared toilet and bathing/showering facilities. Both wings have well-furnished dining and lounge facilities.

The enclosed garden can be accessed from Alvah.

The care home is located in the outskirts of Macduff, Aberdeenshire and is set on a hill with views of the area and surrounding countryside.

## About the inspection

This was an unannounced inspection which took place on 07 and 08 April 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 fifteen people using the service and five of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

**Key messages**

- People experienced inconsistency in the care and support they received with their washing, dressing and oral hygiene needs.
- People were positive about the quality and variety of the meals provided.
- The relaxed approach to dining helped support the social aspect of the meal.
- The activities provision for more able people was good, however, more attention was needed to the social needs of people who required more support to pass their time well.
- Changes to people's presentation or wellbeing were not dealt with consistently.
- The management of oral medications was good, however, the management of topical medications needed to improve.
- The allocation and availability of staff must be reassessed to ensure that people receive the care and support they need and want.
- The roles and responsibilities of leaders should be developed to ensure there is better oversight of people's 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?	3 - Adequate
How good is our staff team?	3 - Adequate

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. While the strengths had a positive impact, key areas need to improve.

There was an inconsistency in the levels and quality of the personal care that people received. Some people had the right levels of care and support to help them look their best. However, others did not receive the necessary assistance to meet their needs to the expected standards. Food spillages on clothing were not cleaned up appropriately and this impacted on the comfort and dignity of those people.

People did not consistently have access to toiletry items to ensure that their hygiene needs were met appropriately.

The oral care needs of people were not being met. Some people did not have access to the oral care items that staff would have needed to provide the assistance with their oral hygiene. Staff had repeatedly recorded that people had refused oral hygiene, there was no evidence that this had been identified as a concern. This was a missed opportunity to seek additional input from oral health professionals to assist in improving oral hygiene and outcomes. Failure to support people with their oral care increases the risk of tooth decay, a build-up of food debris which is uncomfortable and increases the risk of oral infections.

Improvements must be made to ensure that people receive the right care and support they need to meet their hygiene and dressing needs. (See requirement 1.)

People had access to walking aids to help them to mobilise safely. People mobilised around the home and from area to area. Staff recognised the importance of people keeping mobile to keep well and healthy.

People praised the meals. They said there was variety and the meals were well cooked. There was a relaxed dining experience for people. This enabled people to eat at their own pace. People spoke about meeting up with friends at mealtimes. They enjoyed the interaction and the friendships that had formed through the dining experience. One person who was on a special diet, praised the efforts of the chef in helping them create a bespoke menu. This meant they were able to eat a varied and nutritious diet.

The activities planner showed a varied programme of activities on offer. Some people spoke positively about the quality of their day, saying there was enough for them to do to pass their time. However, more needed to be done to meet the social needs of people who required a more therapeutic and person focused approach. They did not receive the same level of input with interaction and activity as more able people. Improvements should be made to the availability of activities to people, to ensure that everyone has opportunities to have their social wellbeing needs met. (See area for improvement 1.)

There was a failure to support people appropriately with their bowel management. Staff did not act when records showed people had not had a bowel movement for periods of days. This can lead to a deterioration in people's health and wellbeing.

There was also a failure to ensure that people who were at risk of urine infections, received the appropriate care and support to ensure early detection and prompt intervention. When a treatment plan was in place, staff did not ensure that fluid targets were met. It is important for people to drink enough to remain hydrated, healthy and to help fight infection. Improvements must be made to the support people receive

with their clinical health needs to ensure that they receive the care, support and treatment to reduce the risk of deterioration to their health and wellbeing. (See requirement 2.)

The management of people's oral medications was safe and in line with good practice. Improved ordering systems ensured that medications were consistently available without overstocking.

The management of topical medications should improve. Some creams and ointments had not been dated on opening. This meant that the effectiveness of the topical was unknown. Topical application recording charts were well completed, and these showed that staff were signing to evidence that creams had been applied. However, some of the creams remained untouched or nearly full. This highlighted that some people were getting their creams applied as prescribed and as necessary to keep their skin healthy. (See area for improvement 2.)

Care document files were comprehensive. Care plans and related risk assessments were filed together. This would make it easier for staff to access information on people's health and care needs. Some plans needed to be developed. When people had complex health needs, their supporting plan needed to be more detailed. This would help ensure that they experience safe and consistent care and support with their health needs. The manager responded promptly to ensure improvements were made to improve the detail and quality of information in those plans.

## Requirements

1. By 24 June 2026 the provider must ensure that people experience consistently good standards of care and support that meets their needs. In order to do this, you must as a minimum:

- a) ensure that people's preferences for their washing and dressing needs are recorded in care plans and that staff are aware of these preferences
- b) staff support people with the cleanliness of their clothing throughout the day
- c) ensure people are supported with their oral hygiene needs and if issues arise, staff take the appropriate actions to enable additional input from specialists.

This is to comply with Regulations 4(1)(a) (welfare of service users) and 4(1)(b) (privacy and dignity of service users) 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 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).

2. By 24 June 2026, the provider must ensure that when changes in people's health and wellbeing occur, that they receive safe and effective care and support. In order to do this, you must as a minimum:

- a) ensure that staff are aware of their role and responsibility in identifying changes to people's health and wellbeing

b) ensure that input from medical or health professionals is promptly sought and their recommendations and treatment plans are followed

c) leaders must ensure they have oversight of the effectiveness of treatment plans to ensure staff compliance in ensuring people get the care and support to improve their health and wellbeing.

This is to comply with Regulations 4(1)(a) (welfare of service users) 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 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).

## Areas for improvement

1. Improvements should be made to the activities provision in the service to ensure that everyone has the same opportunity to pass their time in a meaningful way.

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

'I can 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' (HSCS 1.25).

2. Improvements should be made to the management of topical medications. In order to do this, you should:

a) ensure that all topical medications are dated when opened

b) ensure that there is a body map in place with clear directions for location and frequency of application of any topical medications

c) ensure that administration records are completed when topical medication has been applied and when they have been omitted

d) shift leaders to have oversight and assess compliance with good and safe topical medication practices.

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)

## How good is our staff team?

**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The staffing arrangements were informed by the dependency tool. This process captured the hours needed to support individuals during a twenty-four-hour period. The dependency tool did not consistently capture

the complexities of some people's needs. For example, the psychological and mental wellbeing needs of people and the complexities of some wounds. This meant that the information needed to inform the staffing numbers was not reliable.

People's outcomes or experiences were not used to inform the staff numbers or the allocation of staff. In the Doune unit the third member of staff allocated there, was consistently in Alvah unit. This resulted in the people in Doune unit, not receiving the care and support they needed and when they needed it. This was a particular concern for people who required additional assistance to improve their health and wellbeing. This increased the risks of a delay in them improving their health and wellbeing. (See requirement 1.)

In both units, systems put in place to monitor and support risks were not completed as identified in care plans and risk assessments. Position changes for one person at very high risk of skin breakdown were not completed as per the timeframe documented. People who required additional support to drink well because of infection, did not receive the assistance to help them to drink well in order to fight the infection. Staff stated they did not have the time to provide this additional support. The numbers of staff and the availability of staff impacted on the care and support people received and this impacted on their health and wellbeing. (See requirement 1.)

Relatives said that staff were not always available when they visited. They said they had to go and find staff in order to ask them questions or to attend to their loved one. This was particularly an issue in Doune unit. It is important for staff to be available in both units in order to meet the needs of people and their visitors.

The oversight of leaders in the service should be improved. Leaders did not have consistent oversight of people's outcomes and in ensuring that people received effective and appropriate care and support. For example, leaders failed to identify when fluid targets were not met. This meant that additional support was not planned to support people to improve their oral intake.

Effective leadership is needed to ensure that standards are set and that any failures to meet these standards are acted upon. This will ensure that people receive consistency in their care and support. (See area for improvement 1.)

## Requirements

1. By 24 June 2026, the provider must ensure that there are sufficient staff available to ensure that people experience consistency in their care and support. In order to do this, you must as a minimum:

- a) ensure that the dependency tool accurately reflects the needs of people
- b) the experiences and outcomes people have, are used to inform the staffing numbers needed to ensure people receive effective and appropriate care and support
- c) leaders to ensure that when people's health and wellbeing needs change or become more complex, that the staff allocation is reviewed
- d) leaders to have ongoing oversight of the quality of people's care and support and use these findings to inform the staffing requirement.

This is in order to comply with section 7(1)(b)) of the Health and Care (Staffing) (Scotland) Act 2019; and

This is to comply with Regulations 4(1)(a) (welfare of service users) 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 the Health and Social Care Standards (HSCS) which state that:

'My needs are met by the right number of people' (HSCS 3.15).

## Areas for improvement

1. Improvements should be made to the leaders understanding of their role and responsibility in ensuring that people experience consistently good standards of care and support.

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

'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

The service needs to develop the enablement approach to the care and support of people. This is in order to help people retain skills, independence and to support them to make their own choices and decisions.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6); and

'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.19) .

**This area for improvement was made on 27 May 2025.**

#### Action taken since then

Progress had been made with the availability of information for people. The menu board was located in an area that made it easy for people to access. People used this board to help them make their choices at mealtimes.

Activities information was available and it was easy to read. This helped keep people informed of the activities on offer.

Water and juice dispensers were available in shared spaces. These enabled people to help themselves to a drink.

People who required walking aids to help them mobilise safely, had their aid within reach at all times. This enabled people to independently mobilise around the home and choose where they wanted to spend time.

This area for improvement has been met.

#### Previous area for improvement 2

Improvements should be made to how environmental risks are identified and then dealt with. This is in order to ensure people live in a safe environment.

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).

This area for improvement was made on 27 May 2025.

## Action taken since then

Improvements had been made to the storage of cables in people's bedrooms. This reduced the risk of trips. Call mats in place for people who were at risk of falls, were appropriately placed. This reduced the risk of trips and ensured the call matt was effective.

However, in people's en suites there was medicated topical medications. These needed to be stored in the medication trolley because if people used these inappropriately, there was a risk of harm.

In some areas personal protective equipment (PPE) was decanted from their packaging. This increased the risk of PPE being cross contaminated and this was a risk to people's wellbeing.

This area for improvement is unmet.

## 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 staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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