

# Drumdarroch House Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
27 June 2022

**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.

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 accessible outdoor spaces and well tended gardens.

## About the inspection

This was an unannounced inspection, which took place on 22 and 23 June 2022. The inspection was carried out by two inspectors 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 eight people using the service and five of their family members
- Spoke with six staff and management
- Observed practice and daily life
- Reviewed documents.

## Key messages

- We observed staff in a range of roles treating people with compassion, dignity and respect
- People told us that they liked living in Drumdarroch and that they enjoyed the food
- People were enjoying a variety of activities
- Staff supported people to have meaningful contact within the service as well as the wider local community
- Infection control practice had improved since the inspection in February 2022
- Improvements need to be made to the management of falls and medication practice.

## 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 leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	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. We found strengths and improvements that were having a positive impact on people's experiences, but we found areas that require to be improved in order to ensure people's needs are met.

People had been supported to look their best, and their rooms were personalised, clean and homely. Staff were very busy attending to people's basic care needs, but there was a relaxed and pleasant atmosphere, with staff in different roles taking the time to speak to people. People told us that they enjoyed the food, and meals looked appetising and well presented, including those for people who required their food to be provided in different textures. During observations of the lunchtime service, we saw staff discreetly supporting people, as well as including people in general conversations, discussing what they had been doing that day, and their plans for the afternoon. This enhanced the social aspect of the dining experience and added to the relaxed ambiance.

There was a wider range of activities available compared to our previous inspection in February 2022, and this supported people's emotional and social wellbeing. People were enjoying puzzles, arts and crafts, as well as being supported to go outside. Staff knew people well, and this meant that activities offered were in keeping with people's preferences. People told us that "the best thing is the staff are excellent, and I wouldn't say that if I didn't mean it." Staff also recognised the importance of physical activity to support people who may experience stress and distress, and we observed staff taking someone out for a walk to the local health centre to pick up a prescription, which provided reassurance and a sense of purpose to that person.

Care plans were comprehensive and contained a range of holistic assessments regarding people's physical, emotional, and social needs. We found there had been improvements in how staff were recording people's nutritional and fluid intake. People had access to drinks, and those people who were at risk of not drinking enough were being monitored closely. Staff were knowledgeable about how to supplement the diets of people who were at risk of losing weight, however there were some inaccuracies in the recording in screening tools. We therefore discussed this with the manager who identified relevant training for staff. We were reassured that this prompt response would ensure appropriate support and monitoring for anyone who is at risk of losing weight.

We found that best practice guidance had not always been followed consistently in relation to the management and support of falls, and this increased the risk to people's health. There was also insufficient investigation of falls to ensure that all available measures were put in place to reduce future risks. We discussed with the manager the importance of using investigations of adverse events to inform wider system learning within the team. We were reassured that the manager promptly took action to implement best practice protocols in relation to falls management. This needs to be evaluated to ensure it has been effective in improving practice around falls which will reduce risks to people (**see requirement 1**).

There continued to be some concerns around adherence to good medication practice. Medication audits had not identified gaps in the recording on medication administration records, which meant it was not always clear whether people had received their medication as prescribed. To ensure that the use of covert medication is as least restrictive as possible, protocols should be regularly reviewed, and we found that this was not happening. There needs to be improved recording of the effectiveness of the use of as required medication, and staff competence needs to be evaluated (**see requirement 2**).

Where people required the use of equipment which could be considered restrictive, such as bed rails, or sensor boxes, the service had ensured that appropriate risk assessment documentation was in place and was clearly under regular review. This showed that consideration was being given to people's individual rights, as well as the effectiveness and necessity of the use of this equipment.

People were able to maintain contact with friends and family, and people were able to visit freely, in line with Open with Care guidance. The previous system of testing visitors on arrival had been removed, which meant that people did not have to wait before being allowed to enter the home. Changes to visiting arrangements had been communicated to people and their relatives, and relatives told us that the service kept them regularly updated either by phone or email. Staff had organised for some people to go to the local hairdressers which people had enjoyed and helped them feel connected to their local community.

Meaningful contact had been supported within the service, where a tea party had been organised for people who had grown up in a nearby rural community. This had been initiated by staff and reflected how staff knew the residents and how to support friendships within the service.

The sense of community within the service was also supported by the importance placed on significant events, such as the recent jubilee, as well as people's birthdays. Staff told us that they liked to make a fuss of important days which made people feel special.

The service was visibly clean and odour free, and people's rooms were generally homely and tidy. Housekeeping staff were working hard to maintain good levels of cleanliness. Cleaning schedules were in place which meant that good standards of hygiene were being maintained.

Care staff were knowledgeable about recognising the symptoms of Covid-19 and how to reduce the risk of the spread of infection in the event of an outbreak. Staff were being tested in line with guidance and knew when to stay at home if they experienced symptoms.

Personal protective equipment (PPE) was in good supply and available throughout the building, which meant that it was easily accessible for staff. Staff were wearing PPE appropriately and were confident in using it correctly, including safe disposal. Infection prevention and control training was included as part of mandatory training and people told us that they felt confident in their roles. This ensured that standard infection precautions were being observed and minimised the risks of infection to people in the service.

Shared equipment was being cleaned in between uses, and staff were knowledgeable about how to decontaminate equipment to minimise the risk of cross infection. Increased audits had been introduced to ensure items, such as shower seats, were kept clean. Improvements had been made in the operating processes in the laundry to support better infection control. **See 'What the service has done to meet any requirements made at or since the last inspection'.**

## Requirements

1. By 7 November 2022 you must ensure that service users' health, safety and wellbeing are protected as a result of improved oversight in relation to falls. In particular, you must:
  - a) Ensure that service users have accurate falls risk assessments and plans in place. Ensure that all falls assessments and plans are accessible and implemented by all nursing and care staff.
  - b) Ensure that when a fall does occur, staff assess the impact of the fall on the health and wellbeing of the

service user and ensure that appropriate actions are taken. This should include but is not restricted to; a robust assessment of the health of the service user, seeking medical input if necessary, an appropriate level of observation and ongoing monitoring to assess any change to the health of the service user.

c) Ensure that there is improved oversight and analysis of falls to help identify trends and implement appropriate actions to reduce risks to service users.

d) Ensure that there are appropriate procedures in place and implemented in relation to falls and that the management team are monitoring compliance with these procedures.

e) Ensure that all staff receive refresher training on the management of falls and falls prevention.

This is in order to comply with Regulation 5(2) and Regulation 15 (b)(i) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2022 (SSI 2011/210).

2. By 7 November 2022 you must ensure people's medication needs are administered as prescribed and intended. This is to ensure people's overall health and medical needs are consistently met. In particular, you must:

a) Ensure that the correct medication is always administered to people at the right time by trained and competent staff.

b) Ensure that pathways for the management of covert medication are reviewed and are administered in line with best practice as outlined in the Good Practice Guide – Covert Medication by the Mental Welfare Commission for Scotland (<https://www.mwscot.org.uk>).

c) Ensure that there is ongoing assessment of staff competence and skills in relation to medication administration; and

d) Ensure that medication audits are effective and that where there are indications of poor practice, this is recognised and prompt action is taken to address this.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and

'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); and

In order to comply with regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## How good is our leadership?

4 - Good

We found important strengths in how the service is led and managed, therefore we evaluated this key question as good. There were a number of important strengths which, taken together, clearly outweighed areas for improvement.

Staff, residents and relatives told us that the manager was supportive, visible, approachable and has high standards. One person said "she does a marvellous job." Staff said that they felt comfortable and confident raising any concerns and felt they would be listened to. The manager had a good understanding of what was working well and had quality assurance systems in place to support her oversight in key areas.

There were a range of audit tools that were used to inform the manager about how well the service was performing. It was positive to see further audits that had been implemented since our last inspection, and that staff in other roles were taking responsibility for these. Actions had therefore been taken which had led to improvements in the laundry, the environment, and monitoring of food and fluid intake. We found,

however, that the audits were not always effective in identifying areas of concern that could have informed ongoing improvement work. For example, a clinical monitoring overview report was used to inform the manager as to key areas of clinical risk, such as people's weights, nutrition, and skin. Some of the data had not always been calculated and inputted into the report accurately, which meant that sometimes people's level of risk regarding nutrition was incorrectly documented. There were also discrepancies in the information regarding the number of people with wounds. Support plans were therefore sometimes based on inaccurate information which meant that care provided was not always based on the person's current circumstances. We appreciated the swift response of the manager in implementing training for staff on the use of screening tools for malnutrition. We discussed the importance of evaluating staff competence in areas of assessment, to ensure that information used to inform care plans is accurate so that people receive care and support that is right for them.

A service improvement plan was in place to drive continuous improvement. It was positive to hear about plans for events to bring together people and their relatives to seek feedback about activities. We discussed the importance of collating the views of those living in and visiting the service so that the service improvement plan reflects people's thoughts and ideas. This will ensure that it remains focused on improving people's experiences and outcomes (**see area for improvement 1**).

### Areas for improvement

1. To support positive outcomes for the people living in the service through a culture of continuous improvement, the manager and staff team should:

- a) Consider inclusion of self-evaluation using the quality framework for care homes for older people within the quality assurance system.
- b) Update the existing improvement plan to include specific and measurable actions designed to lead to continuous improvements.
- c) Analyse and evaluate data collated from audits and adverse events and use this to focus on improving outcomes and quality of experiences for people.
- d) Review the effectiveness of actions put in place to ensure these elicit positive outcomes for the health, safety and welfare of people experiencing care.

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

'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

### How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate. There were strengths that were having a positive impact on people's experiences, but there were key areas of staff practice that need to improve to support better outcomes for people.

People were being supported by a group of staff who knew them well. The manager and senior management team had been working hard to recruit staff and had made significant progress to ensure that the service would be fully staffed in the near future.

The manager had implemented a training plan for the year, which identified three key areas of mandatory training for staff to undertake each month, based on the needs of the people living in the service. Staff

members told us that they welcomed this change, and that it helped them to prioritise training. Staff also told us that there is a learning culture within the service, with some staff working towards formal qualifications in health and social care, which will support their practice, professional development, and leadership skills. Systems were in place to ensure that if anyone missed their training target for the month, a reminder letter was sent. This meant that everyone was clear around the expectations regarding training and ensured that people would benefit from care provided by staff who were confident and competent in their roles.

We found some evidence of recent evaluations of staff practice, for example in moving and handling. The records demonstrated that staff understood how to use equipment correctly which minimised risks to themselves and to people living in the service. We found, however, that there was a mixed understanding of the correct protocol to be followed when someone falls. To minimise the risks to people in the event of a fall, staff need to be trained, competent and fully understand post falls protocols (**see requirement 1 in section 'How well do we support people's wellbeing?'**).

There had also been some evaluation of staff practice in relation to medication administration. Whilst this did provide some assurance in terms of observations of practice, the evaluation would have been improved by use of a reflective learning account and consideration of the wider aspects of medication management. Regular and systematic evaluation of staff competence will support better outcomes for people and minimise risks in relation to medication administration (**see requirement 2 in section 'How well do we support people's wellbeing?'**).

Staff were supported through a range of informal and formal systems, such as one to one meetings, as well as staff meetings. Supervision of staff was taking place, and it was positive to see that this was used to provide feedback on observations of good practice, as well as any identified areas for development. We discussed the importance of ensuring there are formal supervision, support, and mentoring arrangements for new staff, to ensure that they have a clear understanding of their role and professional accountability.

## How good is our setting?

### 4 - Good

People's health and wellbeing benefited from a well maintained, purpose-built home which met their needs and wishes. The service had wide corridors, communal wet rooms, and bedrooms with en-suite toilet facilities. The home was bright and filled with natural light, windows were open to allow fresh air to flow and to ensure the environment was adequately ventilated. There were clear signs throughout the service directing people to handwashing, and hand sanitiser was available throughout. This promoted independence and enabled people who were cognitively impaired to find their way around. Some other signage was available to help orientate people in the service; however this could be improved by the service updating the Kings Fund Audit to identify and make further improvements.

The service was homely and inviting, and people were comfortable in their home. People's bedrooms were personalised with their own photographs and belongings. There were two communal sitting areas which varied in size, and these provided people with a choice of where to spend their time. Smaller sitting areas had a more relaxed atmosphere and still created the opportunity for people to sit with others and socialise if they wished, which reduced their risk of isolation. The dining area was located centrally and was accessible and well used both for meals, as well as other group activities. The gardens were well maintained and there is ongoing improvement work to make them more accessible. We saw people being supported to go outdoors to the garden areas and people told us they really enjoyed this. There was level access decking, which was accessed from one of the sitting areas. The range of communal areas supported people's individual choice to spend time privately, or to meet up with other residents to chat or engage in activities.



Drumdarroch was clean, tidy and clutter free. The home was well maintained, and any issues reported were actioned quickly, promoting people's health and safety. Fire tests were occurring, and all equipment was being serviced regularly. People could be assured that in the event of an unplanned event, all equipment would be working and would be fit for purpose. Bath and shower temperatures were not being checked or recorded. We discussed this with a member of staff and the manager and were assured these would be recorded again when the bath or shower is used, to ensure people are not put at risk.

## How well is our care and support planned?

**3 - Adequate**

We gave an evaluation of adequate for this key question. Areas of strength were identified, but further improvements were required to ensure positive outcomes for people who use the service.

People were involved in planning and directing their own care and support. Care plans were person centred, and had been developed in collaboration with people, clearly detailing what was important to them. Review documents were completed, and people and families told us they were involved in their care reviews. Where changes in someone's health and wellbeing had been identified, care plans did not always reflect these changes. For example, we found inconsistent information regarding how often someone needed to be repositioned. Therefore, we could not be confident that care plans were always being updated when required, which meant that staff did not always have the correct information to be able to support people according to their level of need. We discussed this with the manager and were assured that care plans would be reviewed and updated to ensure they were an accurate reflection of the person's needs, wishes and choices.

Anticipatory care plans for end-of-life care had been developed and were in place. The information contained within them was basic, however, and did not reflect wider considerations or conversations to ensure the person's choices and wishes are clearly identified and recorded. Further detail and conversations about end-of-life care would ensure that in the case of an unplanned event, staff would be clear of the individual's wider wishes, and provide support accordingly.

Legal documentation was held in the care plans where appropriate. These were accessible and clearly reflected throughout people's support plans. It was clear to see what documents, if any, were in place to support the service user and who was responsible for decision making. People could be assured that where decisions needed to be made on their behalf, that the decision was made by the person who had legal responsibility for making these decisions.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 23 May 2022 the provider must ensure that people living in the care home experience care in an environment that is safe, well-maintained and minimises the risk of infection. To achieve this the provider

must:

- a) Ensure that the premises, furnishings, and equipment are clean, tidy, and well-maintained at all times.
- b) Ensure that a full infection prevention and control audit is undertaken routinely and address any practice concerns promptly.
- c) Ensure that processes such as cleaning schedules and regular quality assurance checks are in place to ensure that the environment is consistently safe and well-maintained.
- d) All staff are aware of and have ready access to the Infection Prevention and Control Manual for older people and Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum.
- e) Ensure that safe infection control practices are always adhered to by all staff.
- f) Staff practices are monitored, and staff assessed as being competent.

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

'I make informed choices and decisions about the risks I take in my daily life, and I am encouraged to take positive risks which enhance my quality of life.' (HSCS 2.24); and

'My environment is safe and secure.' (HSCS 5.17); and

In order to comply with Regulations 4 (1) (a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 23 February 2022.**

### Action taken on previous requirement

Improvements had been made to infection prevention and control practice. The manager had introduced further environmental audits and we found the premises, furnishings and equipment to be clean. Cleaning schedules were being completed, and more cleaning audits had been introduced to ensure that equipment such as shower seats and toilet seat risers were clean and dry. Staff were able to access guidance documents in the main duty room, and were knowledgeable and confident in their roles.

**Met - outwith timescales**

## Requirement 2

By 23 May 2022 the provider must ensure that that used linen or infected linen is managed in line with guidance. In order to do this you must ensure that:

- a) There is a clear process in place for handling used/clean linen.
- b) Linen is washed to ensure it is effectively decontaminated at the correct temperature in line with guidance <https://www.nipcm.hps.scot.nhs.uk/media/1677/2018-05-linen-guidance-v22.pdf>.
- c) Washing powder to be stored safely and securely.

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

'My environment is safe and secure.' (HSCS 5.17); and

In order to comply with Regulations 4 (1) (a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 23 February 2022.**

**Action taken on previous requirement**

There was an improved process to ensure that soiled or infected linen was kept separate from clean items in the laundry. Large lidded boxes were being used to contain laundry and new shelves had been built for clean items to be stored in separate boxes. The standard operating procedure folder was easily accessible in the laundry, and we discussed ensuring that the Safe Management of Linen document was included alongside Safe Management of the Care Environment. Washing detergent is in a solution and was placed in a lidded box to ensure it was safely contained off the floor to enable effective cleaning around it.

**Met - outwith timescales**

## 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 ensure the prompt recognition of changes in people's health or level of risk, the provider should improve recording in people's personal records and care plans, with specific focus on the need to ensure:

- a) All records related to nutrition and hydration should contain the most up to date information.
- b) Nutritional intake and fluid balance charts are accurately and consistently maintained.

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

'My personal plan (sometimes referred to as a care 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).

**This area for improvement was made on 23 February 2022.**

**Action taken since then**

Twice daily audits had been implemented to ensure that nutritional intake and fluid balance charts were consistently maintained. Whilst we found some minor discrepancies, we found evidence of improved recordings in relation to nutrition and hydration records.

**Previous area for improvement 2**

To ensure that people's overall health and medical needs are consistently met, the provider should improve recording in relation to medication management. To do this, the provider should ensure:

- a) That all relevant staff understand their professional responsibilities in relation to accurate recording of medication administration records.
- b) That there is continued assessment of staff competence and skills in relation to medication administration.
- c) That where there are indications of poor practice, this is recognised, and prompt action is taken to address this.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and  
'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).

This area for improvement was made on 23 February 2022.

### Action taken since then

Medication audits were taking place however these did not identify continued concerns in relation to inaccurate recording on medication administration records and other medication errors. This area for improvement has therefore been reinstated as a requirement (**see requirement 2**).

## 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
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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