

# Drumdarroch House Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
10 May 2024

**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 accessible outdoor spaces and well-tended gardens.

## About the inspection

This was an unannounced inspection which took place on 30 April and 2 May 2024. 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 16 people using the service and received 19 completed questionnaires from their relatives
- spoke with 29 staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals.

## Key messages

- The care home had significantly improved how it managed falls, which made people safer.
- Most people told us they were happy and content living in Drumdarroch House.
- People enjoyed tasty home-cooked meals with a varied menu that catered to their individual preferences.
- The service needs to improve how it monitors and evaluates the nutrition and hydration needs of people with weight loss and people on altered textured diets.
- More work is required to support people to get the most out of life.
- The service must review its staffing numbers and skill mix to ensure there are sufficient staff on duty at all times.

## 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. This is because the service had some strengths, but these just outweighed weaknesses.

Most people told us they were happy and content living in Drumdarroch House. We observed staff treating people kindly and respectfully. We saw warm and compassionate interactions between staff and the people they supported. Relatives spoke highly of the care home. Comments included, 'My loved one... is taken excellent care of by the staff, can't thank them enough' and 'I think my relative's welfare is considered of the highest importance and she is very well cared for'.

The care home had significantly improved how it managed falls and this resulted in a substantial reduction in the number of falls and falls-related injuries. Staff had completed additional training and we found staff were more aware of the risk of falls and the measures they could take to prevent people from falling. Staff were deployed more effectively throughout the service and this meant people at a high risk of falls were more closely monitored. People's needs had been reassessed and where necessary referred on to external health professionals for further guidance and input. This helped to keep people safe, well, active and prevented injury. However, it was still early days in making this improvement and it is important the service continues to progress their work in reducing falls to keep people safe.

Sometimes, key documentation that was used by staff to know and understand the needs of people in their care was contradictory and not kept up to date. We found this in relation to falls. For example, a person was deemed at a high risk of falls with a detailed care plan on how to prevent them falling. Yet the handover summary sheet stated the person mobilized independently and made no reference to their risk of falls. This posed a risk because new staff or agency staff may refer to the handover sheet as their main source of guidance when caring for people and it had the potential to impact what care the person received (**please see requirement 1**).

People enjoyed tasty home-cooked meals with a varied menu that was created in consultation with them. Mealtimes were in a relaxed and calm environment and people were supported in a dignified manner. People told us they enjoyed their meals and they felt the portion size, taste and menu options met their preferences. This was an improvement to the previous inspection. The dining experience had been more personalised and therefore met the preferences of more people.

However, the service needs to improve how it monitors and evaluates the nutrition and hydration needs of people with weight loss. We found that some people had lost weight, but their care plan did not reflect what actions were being taken to prevent further weight loss, or what additional monitoring tools were being used to ensure those people received the nutrition and hydration they required. Likewise, information concerning people with fortified diets or altered textured diets was not always recorded in their care plan and was mainly communicated between staff verbally. This had the potential for error (**please see requirement 1**).

For the most part, medication was well managed, which ensured that the correct medication was given to the right person at the agreed time. The management team had regular oversight of medication and quickly identified and resolved any issues. However, the service needs to improve its protocols for medication that is prescribed for, 'as and when required'. The protocols should be sufficiently detailed so that staff know exactly under what circumstances the medication should be given. For example, if the medication is

prescribed for agitation, the protocol should describe what agitation looks like for that person. This will ensure the medication is given when the person requires it so that they benefit from its use (**please see requirement 1**).

The service had made some progress towards improving the activities available to people in the home, yet more work was required to support people to have meaningful engagement on a daily basis. The management team had gained people's views and those of relatives and staff to determine what additional activities could be offered. They intend to analysis this information and use it to develop an activity schedule. The staff had also created additional community links with nurseries and for some people this had a very positive impact on their wellbeing. It was clear to see how much some people enjoyed spending time with the nursery children. Yet of the 19 people who responded to our questionnaires, 40% stated they felt lonely and bored. There was also a lack of alternative or personalized options for those individuals who could not or did not want to participate in group activities. We also found at times staff missed opportunities to engage with people, focusing on the task in hand, rather than making every moment count. Therefore, the area for improvement made at the last inspection will remain in place as more work is required to support people to get the most out of life (**please see section: 'What the service has done to meet any areas for improvement we made at or since the last inspection'**).

## Requirements

1. By 24 June 2024, the provider must ensure key documentation always accurately reflects people's needs, so that people's care is right for them.

To do this, the provider must, at a minimum:

- a) clearly document people's nutritional and hydration needs when people experience weight loss and require additional support or require a fortified or altered textured diet
- b) clearly document and personalise, as and when required medication protocols, so that they are sufficiently detailed for staff to know exactly when to give medication.
- c) develop a system that ensures key documentation is kept up to date with changes in need
- d) implement a system for the management team to regularly audit and review key documentation and take appropriate action when inconsistent, outdated or contradictory information is found.

This is to comply with Regulation 4(1)(a) 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).

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate. This is because the service had some strengths, but these just outweighed weaknesses.

People using the service and their relatives shared many positive comments in relation to the staff who worked in the service including, 'Very friendly caring staff, always there to answer your questions, and talk to you...'; 'Always very helpful (staff) knowledgeable about my relative and friendly' and 'They (staff) are caring, respectful and responsible and I trust them to care for my relative'.

During the inspection we reviewed staff numbers, skill mix and deployment of staff within the service. The leadership team used a recognised dependency tool to assess the staffing hours required to meet people's needs. This was being completed on a regular basis and kept up to date with people's changing needs. Although, this is an important step in determining the number of staff required to meet people's needs, the tool had limitations and required the use of professional knowledge, staff and people's views to gain a fuller picture of staffing requirements. For example, the tool did not include activities, social interaction or medical appointments. The activities co-ordinator was part-time and 40% of the people we spoke to, told us they were bored. Managers should ensure that their assessment of staff numbers considers all factors which may impact on people's care, support and outcomes. Likewise, 40% of staff told us they felt overly rushed and they felt they did not have enough time to care for people as they would like. The precise reasons for this were unclear. Therefore, we have asked the service to review its staffing numbers and skill mix in consultation with the staff and with consideration of the new Safe Staffing Legislation (**please see requirement 1**).

Since the last inspection there had been significant changes in the staff team, with staff leaving, new staff joining and a reliance on agency staff to fill key posts. Likewise, the manager was reasonably new and the team were in the early stages of coming together and working well as a team. Staff reported there had been tensions and challenges, but they felt most of this had been addressed and they were moving forward with clear leadership. Most staff felt they worked well together and believed the new manager was a positive influence and responsive to their feedback. The management team should continue to develop their staff team, setting clear expectations with regards to staff practice and ensuring regular oversight so that they continually improve staff knowledge and practice.

### Requirements

1.  
By 31 July 2024, the provider must ensure that the skill mix and number of staff on duty is sufficient to meet people's outcomes.

To do this, the provider must, at a minimum:

- a) ensure staffing arrangements are continually reviewed, monitored, evaluated, and implemented using good practice guidance and assessment to support people's health and social care needs and wishes.
- b) ensure staffing arrangements are informed by multiple information sources, including but not limited to, the views of people experiencing care, staff and other relevant stakeholders.

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

This is in order to ensure that staffing 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).

## 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 support people to get the most out of life the provider should ensure people are supported to maintain and develop their interests and activities.

This should include, but is not limited to, involving people in the planning and development of the activities schedule, to include opportunities for people to participate in a range of social, recreational, creative and learning activities of their choosing, both indoors and outdoors.

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); and

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

**This area for improvement was made on 22 November 2023.**

#### Action taken since then

The service had made some progress towards improving the activities available to people in the home, yet more work was required to support people to have meaningful engagement on a daily basis. The management team had gained people's views and those of relatives and staff to determine what additional activities could be offered. They intend to analysis this information and use it to develop an activity schedule. The staff had also created additional community links with nurseries and for some people this had a very positive impact on their wellbeing. It was clear to see how much people enjoyed spending time with the nursery children. Yet of the 19 people who responded to our questionnaires, 40% stated they felt lonely and bored. There was also a lack of alternative or personalized options for those individuals who could not participate in group activities.

**Therefore, this area for improvement made has not been met.**

#### Previous area for improvement 2

To ensure people's care is right for them, the provider should ensure people are meaningfully involved in how the care service works and develops.

This should include, but is not limited to, involving residents and their families in planning key functions within the care service, such as, menus, activities and the recruitment of staff, so that people's needs and wishes are the primary drivers for change.



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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

**This area for improvement was made on 22 November 2023.**

#### Action taken since then

The service had made sufficient progress towards meeting this area for improvement and therefore it has been deemed met. The service had reinstated residents' and relatives' meetings and used their views to improve the care service. Residents had been involved in the planning of the new menu and those we spoke with told us they felt the menu had improved and met their preferences. We could see further personalisation following the menu review including portion size, using plate covers so the meal remained hotter and warming plates prior to serving.

People's views had been gained in relation to activities and work was ongoing to use these views to develop an activity schedule.

**This area for improvement has been met.**

## 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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