

# Dalginross House Care Home Service

Comrie  
Crieff  
PH6 2ED

Telephone: 01764 670 861

**Type of inspection:**  
Unannounced

**Completed on:**  
21 August 2024

**Service provided by:**  
Linda Paterson trading as Dalginross  
House

**Service provider number:**  
SP2003002113

**Service no:**  
CS2003009752

## About the service

Dalginross House is a privately owned care home for older people situated in a residential area of Comrie, close to local transport links, shops and community services. The service is registered to provide care for up to 15 older people and two named adults under the age of 65 years.

The service provides accommodation over three floors in single bedrooms, each with an en-suite wash hand basin. There is one double bedroom that may be used by a couple. There is a sitting room and dining room on the ground floor level, the mezzanine and first floor are accessible by a stairway with stairlift. There is a large welcoming entrance hall to the home and access to a well-tended garden surrounded by mature trees.

At the time of inspection there were 14 people living in Dalginross House.

## About the inspection

This was an unannounced inspection which took place on 20 August 2024. The inspection was carried out by two inspectors from the Care Inspectorate. This was a follow up inspection to evaluate progress made since our last inspection which concluded on 26 April 2024.

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 five people using the service
- Spoke with three staff and management
- Observed practice and daily life
- Reviewed documents.

## Key messages

This was a follow up inspection to evaluate progress made by the service to address five requirements and one area for improvement which were made or extended at our previous inspection.

- There were still potential risks from a lack of action taken on identified repairs and maintenance.
- Communication between senior management and staff needed to improve.
- The service would benefit from clearly defined roles and responsibilities in the senior leadership team.
- Improvements in care planning and quality assurance activities had been sustained.
- There were increased learning opportunities for staff and they were supported to apply new learning.
- The service needed to take ownership of the service development plan to ensure improvements were made.

## 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 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?

4 - Good

This inspection focused on improvements required from the inspection that concluded on 26 April 2024. We have detailed the progress in these areas under the following sections of this report:

**'What the service has done to meet any requirements made at or since the last inspection.'**

**'What the service has done to meet any areas for improvement made at or since the last inspection.'**

We have re-evaluated the service in recognition of the requirement and area for improvement met. Evaluations have been moved upward, as we evidenced that the previous grade of 'adequate' is now 'good'.

## How well is our care and support planned?

4 - Good

This inspection focused on improvements required from the inspection that concluded on 26 April 2024. We have detailed the progress in these areas under the following sections of this report:

**'What the service has done to meet any requirements made at or since the last inspection.'**

**'What the service has done to meet any areas for improvement made at or since the last inspection.'**

We have re-evaluated the service in recognition of the requirement and area for improvement met. Evaluations have been moved upward, as we evidenced that the previous grade of 'adequate' is now 'good'.

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

### Requirements

#### Requirement 1

By 31 July 2024, the provider must ensure the safety, wellbeing and positive experiences of people living in the service:

To do this the provider must, at a minimum:

a) Ensure that the registered manager has day to day oversight of the running of the service.

This is to comply with Regulation 17(c) 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:

'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This requirement was made on 26 April 2024.**

#### Action taken on previous requirement

During the inspection the manager was present, engaged and responsive to our feedback, taking immediate action to rectify some issues identified.

The manager worked a hybrid pattern with three days in the service and two days remotely. Although staff were able to contact the manager off site if needed, there was no procedure in place for this and we found that communication between the manager and staff was ineffective. The manager's presence in the service was not reflective of the planned rota with several days in a row when the manager was expected by staff but had not been in the service.

We discussed the benefits of the manager being visible in the care home and of having processes in place to ensure clear and consistent communication between the manager and staff. The service would also benefit from clearly defining the roles and responsibilities of the manager, deputy manager and supervisors in the service, especially at times when the manager is not on site.

Quality assurance seemed to be largely delegated to the deputy manager and it was difficult to ascertain from the documentation what input the manager had with any of the oversight activities undertaken in the service. The deputy lacked authority and financial autonomy to effect any significant change and a lack of a clear procedure for escalating concerns to the manager also impacted the actioning of concerns.

A service improvement plan had been created but was not available in the service, it was being updated externally by professionals supporting the service. We discussed that the service should have responsibility

for this and the benefits this would have in giving oversight of the service's performance and improvements needed. The manager did provide an update to the plan following this discussion.

This requirement has not been met. We did not see clear evidence of the manager having oversight of the service. Management roles and responsibilities remained unclear and there was no procedure in place for effective communication between the manager and the staff team.

**The requirement will be extended until 4 October 2024.**

**Not met**

## Requirement 2

By 31 July 2024, the provider must ensure people experience care in an environment which is safe and well maintained. This must include, but is not limited to:

- (a) Immediate repairs to ensure the building is draught and watertight.
- (b) An assessment of all repairs required both inside and outside the premises.
- (c) Implementing a plan for the upgrading of the premises which sets out all of the work required; and
- (d) Providing timescales for the commencement and completion of all work.

This is to comply with Regulation 4(1)(a) and 10(2)(b) & (d) and 14(d) of The Social Care and Social Work Improvement Scotland.

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 requirement was made on 26 April 2024.**

### Action taken on previous requirement

There was evidence of some repairs to the decor of the building having been completed or ongoing, such as with bedroom wall decoration and carpet cleaning. There were still significant concerns with larger issues with the building, such as with some of the windows. Dirty towels were used as makeshift draught excluders in front of the windows in the lounge. There was no evidence that any consideration had been given to rectifying this issue since the last inspection.

A repairs book evidenced that routine maintenance and requests for smaller scale repairs were carried out. The service had not formally set out a repairs and maintenance log but following feedback at the inspection the manager created a usable document for this purpose and planned to carry out a premises check with the maintenance person and trades people.

**This requirement has been extended until 06 September 2024 to allow this to be completed.**

**Not met**

### Requirement 3

By 31 March 2024, the provider must ensure that care plans and risk assessments are comprehensive and accurately reflect people's health and welfare needs.

In particular the provider must:

- a) Ensure the use of restraint, such as sensor mats and bed rails, is supported by evidence of ongoing assessment, discussion and agreement with the person and/or their representative.
- b) Ensure they accurately reflect and assess any identified risks to the person's health such as falls, wounds, nutrition and pain and detail the steps to be taken to reduce these risks.

This is to comply with Regulation 5(1) and 2(c) (Personal plans) 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:

'I am fully involved in developing and reviewing my personal plan which is always available to me' (HSCS 2.17); and

'I am as independent as I can be in agreeing and reviewing any restrictions to my independence, control and choice' (HSCS 2.6).

**This requirement was made on 25 September 2023.**

#### Action taken on previous requirement

We reviewed a sample of the care plans and found that the improvements in monitoring and actioning people's health needs had been sustained since the previous inspection. The monitoring of falls and wounds/bruising had also further improved and there was clear communication between the staff regarding any incidents to ensure these were managed appropriately.

The use of measures which would be considered as potential restraints, such as pressure mats, bedrails, and also chemical restraint (medications), was appropriately considered, discussed and consented to. Uses of these measures were also monitored and reviewed regularly or in response to incidents. **This practice had been sustained and improved since the last inspection and therefore this requirement has been met.**

#### Met - outwith timescales

### Requirement 4

By 15 January 2024, the provider must ensure robust quality assurance processes are in place and used effectively to drive improvement and ensure the care and support people receive is safe.

This must include but is not limited to:

- a) Assessment of the service's performance through effective audits.
- b) Development of action plans which reflect audit findings and inform a useable service improvement plan.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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:

'I use a service which is well led and managed' (HSCS 4.23).

**This requirement was made on 25 September 2023.**

### Action taken on previous requirement

The increase in quality assurance and audit activities identified at the last inspection had been sufficiently sustained and were leading to some improvements.

Some audit findings were being used to direct aspects of the service improvement plan. This was not, however, available in the service, it was being updated externally by professionals supporting the service. We discussed that the service should have responsibility for this and the benefits this would have.

We recognise that significant progress has been made with quality assurance and improvement. Overall, we concluded that enough progress had been made towards this requirement for it to have been met. There is still outstanding work to be done with the service improvement plan, but this is reflected in other outstanding requirements. **This requirement has been met.**

### Met - outwith timescales

## Requirement 5

By 3 March 2023, you must ensure that:

Staff have a schedule of supervision and regular team meetings to enable them to reflect on their practice, develop knowledge and skills and provide consistent care to those they support. This will also provide a forum for staff to contribute to the improvement of the service.

This is in order to comply with sections 7 and 8 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15) 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:

'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).

Also the Code of Practice for Employers of Social Service Workers which state you will: 'Effectively manage and supervise social service workers to promote best practice and good conduct and support staff to continuously improve their performance and make sure they are fit to practice' (2.2).

**This requirement was made on 18 February 2023.**

### Action taken on previous requirement

This requirement was extended at the previous inspection to allow for progress to become embedded in the service's routines and support for the leadership team to be established.

We identified that staff supervision and team meetings had largely stalled since the last inspection. Nearly half of the care staff team had overdue supervision and there had not been any team meetings carried out since the last inspection in April. There were good systems and structures in place for team meetings and



staff supervision, however the service needed to ensure these were carried out. This would allow staff to have the opportunity to reflect on and develop their practice as well as promote staff involvement in the service.

Further work is needed to meet this requirement, and it has been extended until 04 October 2024.

Not met

## 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

In order to enhance the health and wellbeing of people living in the service, the provider should ensure that care and support is directed by good practice guidance and promotes people's dignity. This should include but is not limited to the promotion and maintenance of mobility and continence.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 26 April 2024.**

#### Action taken since then

We identified that positive steps had been taken towards improving staff knowledge, skills and confidence. There were increased training opportunities for staff in a variety of practice areas. Staff reported improved confidence in implementing the learning gained at training events and were positive about its impact on people living in the service. There was evidence of a more person-centred approach to care and support, particularly around the management of falls and stress and distress which had been a recent focus in the service. Feedback from the people we spoke to in Dalginross House was all positive about the care, support and wellbeing opportunities they received. **We concluded that this area for improvement had 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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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