

# Claremont House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
25 July 2025

**Service provided by:**  
Dumfries & Galloway Mental Health  
Association

**Service provider number:**  
SP2003003483

**Service no:**  
CS2003015334

## About the service

Claremont House is a care home registered to provide a care service to a maximum of 10 adults with mental health problems. The service provider is Dumfries and Galloway Mental Health Association.

The home is close to the town centre of Dumfries with easy access to local amenities. Accommodation is provided over three floors. All the bedrooms are single occupancy with shared bathing and shower facilities. There is an open plan lounge and dining area which leads to a well-maintained private garden to the rear of the building.

There were 10 people using the service at the time of the inspection.

## About the inspection

This was an unannounced inspection which took place on 23, 24 and 25 of July 2025 between 09:30 and 18:00 hours. 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 7 people living in the service
- Spoke with 7 staff
- 2 visiting professionals
- 2 family members
- Observed daily life in the service and reviewed documentation.

## Key messages

- Staff knew people well and treated them with kindness and respect.
- People supported, and their relatives, were happy with the care and support they received and spoke highly of the staff who supported them.
- Staff liaised with external professionals to meet the needs of people supported.
- Service improvement had been well led.
- Activities and outings have increased, but more variety and personal choice are needed to keep people engaged.
- Care planning could further improve to fully reflect people's outcomes and wishes.

## 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 leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	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

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

A calm and welcoming atmosphere was observed. Staff interactions were consistently kind, patient, and attentive to people's wellbeing. People appeared relaxed and comfortable around staff, which indicated strong, trusting relationships. One person shared, "this is the only place I have stayed where I have felt truly wanted," demonstrating a sense of emotional safety and belonging.

Staff were responsive to changes in people's wellbeing, including changes in mood and presentation. Relatives expressed confidence in the service's ability to understand and meet their family members needs. One relative told us, "They understand his needs and have taken the time to get to know him." This level of attentiveness supported people's safety, mental health, and overall quality of life.

People consistently reported feeling respected and valued. Comments such as "The staff always treat me with respect" and "I feel at home" suggested that the service promoted identity, dignity, and inclusion, all of which are central to emotional wellbeing.

Medication was supported in line with best practice guidance. Staff were observed to follow clear protocols, and people's medication needs were managed safely and effectively.

The service had strong links with external health and social care professionals. These partnerships helped ensure people received timely and appropriate support, tailored to their individual needs.

Communication with families was a particular strength. Relatives felt involved and listened to, contributing to a culture of partnership and mutual respect. One commented, "the staff are very good and always listen to and act on any concerns I have."

Progress had been made in personalising care, particularly around food. People described improved responsiveness to their preferences, though further involvement in shaping everyday choices would strengthen shared decision-making.

People were taking part in more activities and outings, and this had a positive impact on their daily experiences. Many shared positive feedback and said staff were always on hand to support them. Some individuals, however, said they would enjoy more variety. One person told us they were "sometimes quite bored but think this is an area they are working on."

To improve further, the service should continue to develop the activity programme in collaboration with people experiencing care. Collecting and using feedback to tailor options to people's interests, and evidencing outcomes such as improved mood or social connection would enhance the impact of this support. (see area for improvement 1)

Residents' meetings were happening more regularly, showing that people were being given more chances to share their views. A more structured approach to feedback, such as using a "You said, we did" format would help show that people's opinions are listened to and lead to real changes in the service.

## Areas for improvement

### 1. Area for improvement 1

The activity programme should be further developed to offer more meaningful and varied options, shaped by people's preferences and feedback.

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

"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).

## How good is our leadership?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Recent developments in quality assurance and oversight reflected a more proactive and structured approach. Audits were being carried out more regularly in key areas such as medication, infection prevention, and incidents. This indicated stronger accountability and a growing focus on safety and learning.

The management team had taken greater ownership of service development. A clear improvement plan was in place, helping to guide priorities and monitor progress. Staff were increasingly engaged in reflective practice, supported by regular observations, supervision, and team discussions. This contributed to a culture where learning and improvement were becoming more embedded in day-to-day practice.

Feedback from people using the service and their families was being gathered more routinely, with residents' meetings taking place more often. This showed commitment to listening and involving people in shaping how the service is run. There was scope for this feedback to be used more consistently to inform change, and for clearer communication around how people's views have made a difference.

While quality assurance processes had improved, the overall approach could benefit from being more streamlined and focused. A more joined-up and consistent system would help ensure that audit findings clearly lead to actions, and that progress is easier to track over time. This would support the service to build on recent progress.

Work was also underway to develop a harm reduction protocol in relation to self-harm. Although not yet fully implemented, this was viewed as a positive and necessary step, given the complexity of needs within the service. Once embedded, it is expected to strengthen safe, trauma-informed support.

## How good is our staff team?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff worked well together, sharing responsibilities and communicating openly. Positive relationships between staff and management were noted. Newer staff felt well supported, with one saying, "I never felt thrown in at the deep end," showing effective induction and mentoring.

Supervision sessions were happening regularly and included opportunities for reflective practice. While not always meeting the provider's eight-week schedule, improvements were being made. More consistent

supervision and appraisal tracking will help ensure staff receive the support they need. (see area for improvement 2)

Training in key areas like mental health, medication, and adult protection was well maintained. Additional training focused on harm reduction and supporting people at risk of self-harm could further strengthen staff confidence and ability to respond effectively.

The service has reviewed staffing arrangements to ensure sufficient staff numbers are available to support residents' appointments, activities, and daily needs. Staffing levels are regularly assessed and adjusted as needed to maintain safe and effective care.

The introduction of a specialist Positive Behaviour Support and Development Officer (PBSDO), provided through an external provider, has been a valuable addition. This specialist has delivered group supervision and training focused on managing complex behaviours and trauma-informed care. Staff responded positively, finding these sessions helpful for reflecting on their practice and building confidence in supporting people with complex needs. Management showed strong commitment to this work, which has contributed to improved staff skills and better outcomes for people experiencing care.

## Areas for improvement

### 1. Area for improvement 1

Supervision and appraisal processes should be consistently delivered in line with the organisation's policy to ensure staff receive regular, meaningful support and development opportunities. This will help promote confident, skilled practice and improve outcomes for people using the service.

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

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

## How good is our setting?

### 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home environment remains a strength. It is clean, well maintained, and designed to feel homely and comfortable. Cleaning practices were observed to be thorough and consistent, and the team clearly valued maintaining high standards.

Communal areas are welcoming and promote connection and inclusion, while also allowing space for quiet time. People can access outdoor spaces freely, and the garden is regularly used. One person experiencing care has been supported to grow vegetables, which was a lovely example of meaningful engagement within the environment.

Photos of recent outings were displayed prominently and added warmth and personalisation to the home. We discussed with management adding quotes from people about what they enjoyed or learned from these outings as this would make the displays more engaging and celebratory.

While people expressed appreciation for the setting overall, some family members told us they would like to see more en suite facilities. They also acknowledged the challenges of adapting the existing building. The

provider is encouraged to consider future-proofing and ongoing investment in facilities as part of long-term planning.

## How well is our care and support planned?

### 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care planning was person-centred and increasingly focused on outcomes. Staff demonstrated a good understanding of individuals' needs and preferences. The introduction of a new online care planning system was supporting greater consistency in support planning.

Handheld devices were used by staff to update records in real time, helping to ensure care was accurate and responsive. Risk assessments were in place and regularly reviewed. Examples were seen where plans reflected a clear understanding of people's routines, abilities, and personal goals.

Some inconsistency in the quality of care plans was noted. While some contained rich personal detail, others lacked depth, particularly in sections on activities and outcomes.

While the new system is still being introduced, it is important that all people receive regular, recorded reviews to maintain a person-led approach to care.

People using the service and their families should be actively involved in these reviews, with clear evidence recorded to show their input. This involvement helps ensure that care plans truly reflect individual wishes and needs. (see area for improvement 3)

We discussed with management that care plans would be improved by using language that reflect the person's own words, such as "I like" or "I want," rather than descriptions written by staff. Involving individuals in writing or reviewing their plans where possible would help them feel more involved and in control of their care.

Staff confidence with the new system varied. To maintain progress, we discussed with management the importance of continuing to provide support and training while regularly including care planning as a standing item in team meetings.

Regular reviews of personal plans should be consistently recorded, and people using the service along with their families must be actively invited and involved in these reviews. Clear evidence of their participation and input should be documented to ensure care remains person-centred and responsive to changing needs.

## Areas for improvement

### 1. Area for improvement 1

Regular reviews of personal plans should be consistently recorded, and people using the service along with their families must be actively invited and involved in these reviews. Clear evidence of their participation and input should be documented to ensure care remains person-centred and responsive to changing needs.

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

"My personal plan (sometimes referred to as my 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) and

"I am supported to understand and develop my care, treatment, and support options in a way that is right for me" (HSCS 2.17).



## 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

Area for improvement 1:

The manager should ensure that effective quality assurance and audit processes are completed regularly. Where areas of concern or deficits are identified, there must be a clear action plan with evidence available to demonstrate progress made and the outcomes achieved.

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' (HCSC 4.23).

**This area for improvement was made on 12 April 2024.**

#### Action taken since then

The Quality and Compliance Officer allocates monthly audits across key areas, including care plans, medication, service audits, health and safety, fire safety, finance, infection control, and staff observations. Findings from these audits are used to compile an action or improvement plan, with clear timescales set for completion.

In recent months, there has been a renewed focus and commitment to quality assurance. Staff observations are being carried out, and reviews of personal plans are actively taking place.

This area for improvement had been met.

#### Previous area for improvement 2

Area for improvement 2:

To ensure people are meaningfully involved in improving the service, the provider should:

- a) ensure there are more opportunities for people to share their views and influence the direction of the service.
- b) share with people the actions taken as a result of their feedback.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

**This area for improvement was made on 12 April 2024.**

#### Action taken since then

The service has taken clear steps to strengthen how it gathers and responds to feedback. Annual questionnaires are issued to people, families, and stakeholders, with results displayed in the home.

Residents meetings are now held more routinely, and informal updates are regularly shared. To build on this progress, the service should continue developing how it evidences the impact of feedback — for example, by adopting a “You said, we did” approach during meetings.

This area for improvement had been met.

## Previous area for improvement 3

Area for improvement 3:

The provider should ensure staff have the opportunity to attend regular staff meetings. This should support staff, feel valued, listened to and their views and suggestions taken into account. Feedback from staff should be used to support continuous improvement and reflected in the service improvement plan.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: ‘My care and support is consistent and stable because people work well together’ (HSCS 3.19).

**This area for improvement was made on 12 April 2024.**

### Action taken since then

The service has improved opportunities for staff to contribute their views and feel listened to. Team meetings are now scheduled every eight weeks, with staff able to add to the agenda in advance. Actions from previous meetings are reviewed, and a comments and suggestions box and dedicated email offer further ways for staff to share ideas. An open-door policy remains in place, supporting ongoing communication with management. These changes support a more inclusive, reflective culture. To sustain progress, regular meetings should continue, particularly as the service continues to implement improvements.

This area for improvement had been met

## Previous area for improvement 4

Area for improvement 4:

The provider should review the staffing arrangements in the home to ensure that there are sufficient staff numbers available to meet the health and care needs of the people living in the home.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: ‘My needs are met by the right number of people’ (HSCS 3.15) and ‘I am confident that people respond promptly, including when I ask for help.’ (HSCS 3.17)

**This area for improvement was made on 12 April 2024.**

### Action taken since then

The provider has reviewed staffing arrangements using the IORN tool to calculate appropriate ratios. Rotas have been adjusted to ensure staff availability during residents’ appointments and activities. Additional posts have been filled or advertised to support staffing levels, including bank support workers. The service is now fully staffed at weekends, with staff reporting they feel well equipped to manage tasks and respond promptly to residents’ needs. This demonstrates progress in ensuring sufficient staffing to meet the health and care needs of people living in the home.

## Previous area for improvement 5

Area for improvement 5:

The provider should ensure staff are supported through regular supervision, to identify areas where support is required to improve practice. This should include reflection and competency checking to ensure learning is effective and influences better outcomes for people supported.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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).

**This area for improvement was made on 12 April 2024.**

#### Action taken since then

Although supervisions are taking place, they are not consistently delivered in line with the organisation's policy which states every 8 weeks. Additionally, appraisals are not currently being completed. To fully support staff development and improve outcomes, supervision and appraisal processes need to be consistently implemented as per organisational standards.

This area for improvement has not been met and re-worded to reflect the findings of this inspection. See Key Question 3 - area for improvement 1.

#### Previous area for improvement 6

Area for improvement 6:

The provider should ensure that people, and where appropriate their families, are supported to discuss and develop anticipatory care plans. These should include people's wishes to meet their future care needs.

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

"My future care and support needs are anticipated as part of my assessment" (HSCS 1.4).

**This area for improvement was made on 12 April 2024.**

#### Action taken since then

Although people supported and their families reported feeling involved in anticipatory care planning, there was no clear evidence available to demonstrate their active participation or that these plans are regularly reviewed and updated.

This area for improvement has not been met and re-worded to reflect the findings of this inspection. See Key Question 5 - area for improvement 1.

#### Previous area for improvement 7

Area for improvement 7:

The service provider should ensure that there is a sufficient supply of food in the service to meet residents' assessed needs. In order to do this, the service provider should review the budget for food and ensure there are robust and transparent quality assurance systems in place to ensure stocks are regularly reviewed and topped up as required. Contingency plans should be in place to manage situations where basic food supplies run out. This is to ensure care and support is consistent with Health and Social Care Standards (HSCS 4.19) which state: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

**This area for improvement was made on 23 April 2025.**

## Action taken since then

The service has introduced a small petty cash float to purchase additional food items as needed. An online food order is placed twice weekly. Staff generally reported improvements in ensuring sufficient food supplies.

This area for improvement had been met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## 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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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