

# Inchmarlo House Care Home Service

Inchmarlo  
Banchory  
AB31 4AL

Telephone: 01330 824 981

**Type of inspection:**  
Unannounced

**Completed on:**  
8 July 2025

**Service provided by:**  
Skene Enterprises (Aberdeen) Limited

**Service provider number:**  
SP2003002326

**Service no:**  
CS2003010394

## About the service

Inchmarlo House is a care home for older people situated in a retirement community at Inchmarlo on the western outskirts of Banchory. It is registered to provide a care service for up to 52 people.

The home is a converted mansion-house with accommodation over three floors. It is set in extensive landscaped grounds which includes a large, enclosed garden. Bedrooms can accommodate both single and double occupancy if required, all have en suite facilities. Shared facilities include dining and sitting rooms with an in-house bar.

## About the inspection

This was an unannounced inspection which took place on 07 and 08 July 2025. 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 10 people using the service and one of their family members. We also received feedback through care surveys from 16 families and 11 residents
- spoke with 11 staff and management and a further 20 staff provided feedback through care surveys
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People were happy living in Inchmarlo House.
- There had been steady progress made to embed robust quality assurance processes across the home.
- Staff morale had improved. Staff felt supported and valued.
- A refurbishment plan was in place to address improvements that could be made to the environment.
- Some improvements were required in care plan documentation.

## 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?	5 - Very Good
How good is our staff team?	5 - Very 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 considered three quality indicators under this key question. We evaluated two of these as very good. People were experiencing compassion, dignity and respect which contributed to very good outcomes for people's wellbeing. We also considered infection prevention and control procedures and we evaluated this quality indicator as good. This meant the overall evaluation for this key question is good.

There were warm, encouraging and supportive relationships between people living in the home and staff. We heard and observed kind and caring interactions and heard much laughter. One person told us, 'I have a right laugh in the red lounge'. This contributed positively to building good relationships that promoted good outcomes for people.

The staff team had worked hard to help increase opportunities for people to establish and maintain connections out with the home. People could enjoy trips out of the home and looked forward to planned activities with people and groups coming into the home.

There was a range of activities within the home that enabled people to spend time with fellow residents for example, baileys and bingo, yoga and day trips out for ice cream and coffees. It was positive to see that staff took care to ensure that people who preferred to stay in their room or who were cared for in their rooms had attention over and above basic care. 'Tea at three' had been established where staff took time to sit with people in their rooms and as mentioned above we saw and heard some very caring and kind conversations that reflected good relationships had been established and people were comfortable with the staff.

Any legal arrangements that were in place such as power of attorney were clearly described in care plans. This meant it was clear what support people may require to make decisions about the wellbeing and/or their finances and helped to ensure their rights were respected and upheld.

Regular residents meetings provided opportunities for people who lived in the home to contribute to ongoing developments and improvements. People's feedback was evidenced in the overall service improvement plan.

The service had recently implemented an electronic system for medication administration. Staff spoke positively regarding this system and how it reduced the potential for any errors. Records sampled complied with their prescriptions and as a result, people's medications had been administered safely and appropriately.

'My family member has overcome multiple health problems this past year and this has only been possible due to the wonderful care and attention they receive at Inchmarlo'. This was a comment from a family member that was extended to staff across all departments. Family members had confidence in the staff and the support provided.

People's health benefitted from access to a range of community healthcare professionals and agencies. Staff recognised changes in people's health and made appropriate referrals to other agencies. One professional told us that staff 'Have a good understanding of clients needs'.

People had access to fresh fluids throughout the home as well as in their individual rooms. Hydration stations were available in communal areas, with different juices/water on offer as well as bowls of fresh fruit. At the time of inspection, the weather was hot and staff took time to ensure people were offered extra fluids in order to keep hydrated. Especially people sitting outside in sun.

People generally enjoyed their meals in the main dining area. Tables were set appropriately with menus, placemats and linen napkins. Where people required extra assistance with their meals, staff were supporting appropriately and sensitively. People were offered a choice of meals however where some people struggled to make a decision, it would be good to see visual choices being offered routinely where required. The food looked and smelt appetising, and one resident described the food as 'Excellent'. People were confident that their nutritional needs were being met.

People could be confident that there were systems in place to maintain a clean and hygienic environment. Cleaning schedules were in place and directed staff to the expected standards. Housekeeping staff were visible throughout the inspection and the home was clean and tidy with no unpleasant odours.

Managers completed regular monthly infection prevention and control audits which helped to ensure standards were maintained.

Personal protective equipment (PPE) was in plentiful supply and located at convenient stations throughout the home. Alcohol based hand rub (ABHR) was also available. Helpful posters were displayed to help remind people of correct use. On arrival in the home some of the hand rub dispensers were empty. The manager should remind all staff to check that these are checked and replenished as required to ensure a supply is always available.

Observations of staff practice were taking place to help ensure good practice in hand hygiene techniques and in the use of PPE.

There were no restrictions on visiting. People would be supported to maintain contact with loved ones during any significant outbreak that may impact on footfall in the home.

Some general refurbishment was required to help ensure the fixtures and fittings are intact and cleanable. A refurbishment plan was in place and steadily progressing.

## How good is our leadership?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

There were a range of quality assurance processes in place which contributed to the overall development and improvement within the home. Actions identified were included in the service improvement plan which was organised in line with the quality indicators in the adult's care home framework. People's input was evident throughout the plan and their input was informing improvements.

Staff told us that managers were approachable and told us, 'There's a big difference ... Lots of support here, there's lots of staff now'. Staff informed us that they were listened to and spoken to kindly by managers. People had confidence that any issues would be addressed appropriately and promptly. Managers were visible on the floors and people spoke positively about the impact the current management team were having.

Observations of staff practice were undertaken to assess learning and competence. This took the form of hand hygiene and the use of Personal Protective Equipment (PPE) observations. This helped to ensure that staff had a good knowledge of policy and procedures and were maintaining good standards of hygiene. It would be a good development to extend the range of observations to include other areas of practice and to use this process to seek feedback about staff from residents and other stakeholders.

Residents and relatives were given opportunities to express their views about the service. Minutes from regular meetings demonstrated a range of topics being discussed including activities and meals. Family members felt included and well informed.

We particularly liked the 'resident for a day' exercise that had taken place. This involved a staff member becoming a resident and being supported by the staff team throughout the day. We heard how this had informed individual learning as well as learning across the team. This had contributed to improvements reflected in the overall improvement plan.

The management team had a clear vision for improvements and we heard and saw the impact of some of these during this inspection. Staff wellbeing activities were established and having a positive impact on staff morale which in turn helped to improve outcomes for people. Staff recruitment and retention was good providing consistency for people.

## How good is our staff team?

## 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staffing arrangements were influenced by a dependency assessment tool that was regularly reviewed and updated. Staffing numbers looked consistent throughout the week. Most staff told us that staffing levels had improved since our last inspection. Staff felt their feedback had been listened to and had led to improvements.

Staffing arrangements should allow for more than basic care needs to be met. It was good to see staff spending time with people both through lively group activities but also with people on an individual basis in their bedrooms. 'Tea at three' everyday was an established routine to ensure that staff took time to spend time with people. Staff spoke positively about this development and enjoyed spending time with people. One staff member told us, 'Its important people are safe and happy'.

Staff described flexibility within the staff team and across departments. Staff from all areas were involved in activities and we saw everyone taking time to speak to people and check they were comfortable and had they needed at that time.

Staff were working well together and described good teamwork and how this supported better outcomes for people. We heard lots of natural and cheerful interactions which contributed to a warm and welcoming atmosphere in the home. Impromptu singing at lunchtime and in corridor during morning routines contributed to a cheerful atmosphere which people were enjoying and participating in.

Staff meetings were being held on a regular basis and were well attended. We were told that the manager asked staff opinions at meetings in order to improve care. We were told, 'If any issue if you complain about it, they do something about it. I am supported and listened to'. It was clear to see that work had been put into staffing and considering changes, in order to ensure this was the most beneficial arrangement for people in the home. As a result, staff morale was much better.

Staff wellbeing was important to the management team and this had been considered further since our last inspection. There were a variety of events which brought staff together as a group and made them feel involved. For example, there was a staff sports day arrangement and a staff baking competition arranged. Staff were enthusiastic about these events and opportunities. One person told us they enjoyed 'ice cream with people on a Friday!'. These events had helped to bring about improved staff morale as well as good outcomes for people living in the home.

## 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.

An environmental refurbishment had been developed. Plans were in place to upgrade various areas throughout the home. Some minor issues highlighted through inspection were not on the plan but we were reassured these would be addressed by routine maintenance plans.

People could choose from a range of communal and private areas to spend their time. Communal areas were welcoming and spacious and offered pleasant areas for people to socialise and enjoy activities together.

Peoples' bedrooms were mostly personalised with items and furnishings from home. Some people felt their room was too small to accommodate all the things they would have liked to have around them.

There were arrangements in place for regular monitoring of safety equipment as well as the environment. Maintenance issues were being identified by staff and there was a system in place to communicate these to the maintenance team. There was evidence of repairs taking place timeously to maintain the quality and safety of the home.

People had been consulted regarding some of the recent upgrades to the environment. We saw pictorial evidence of residents and staff reviewing paint colours for communal areas and choosing different colours/ styles of carpet. People were very much involved in the consultation process to ensure furnishings and decoration were to their taste.

People could freely access the gardens in a safe, enclosed area within the grounds. At the time of the inspection, people were enjoying the sun and making use of the recently installed raised flower beds. There were plenty of seating areas for people and a recent gazebo offered a shaded area for people out of the sun. There was also a potting shed for those who wished to participate in light gardening. People were encouraged to enjoy the fresh air, which benefitted their overall health and wellbeing.

People told us that they were able to access the local community facilities. The home had minibuses that people could use to get out and about as frequently as possible. We were told of a recent trip to the local library and visits out to local cafes in Banchory. Residents enjoyed a recent trip out for ice creams. A connection with the local primary school had been developed and residents enjoyed a dancing display from the children recently. Activity coordinators were going to explore intergenerational work further.

## 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.

People had electronic care plans that described their support needs and how these should be met. A range of assessments contributed to plans and both had been regularly evaluated by staff and updated where required. This meant that accurate information was being maintained to inform people's care and support.

Where people were being cared for in bed, documentation needed to be clearer and more consistent. A SSKIN bundle is a set of documentation used to assess and prevent pressure ulcers. SSKIN bundles were being used within the home to record support provided to people who may be at risk of developing pressure ulcers and sores. We also saw some recordings on the care plan data base. These contained different information and did not provide robust information about the support provided. Care plans should be more detailed to describe the support required and how this is to be recorded. For example, how often people require help to change their position.

Some people had anticipatory care plans in place. The plans reflected people's individual needs and wishes. This meant people's specific wishes and preferences could be attended in the event of a person's condition deteriorating.

People's care was being reviewed within the regulatory timescales and involved residents and their appropriate others. This ensured people were involved in reviewing their care and support.

Daily notes were not always evaluative and recording of these was not capturing what people had achieved day to day. Notes appeared very task orientated, mainly focussing on eating and drinking and continence. This is an area that could be improved to help ensure that care notes reflect how people have been involved and consulted about their daily care.

Where legal powers were in place, this was clearly documented in people's plans. Some of the documentation was included on the electronic database whilst other copies were held within folders as hard copies. Care plans should be explicit where information is held to help ensure the appropriate people are consulted about decisions to ensure people's rights are respected and upheld.



## 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 manager should ensure that there are a range of opportunities and activities available to people who live in the home. This should include individual activities for people who prefer or are cared for predominantly in their rooms as well as group activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 24 June 2024

**This area for improvement was made on 24 June 2024.**

#### Action taken since then

There were a range of activities and opportunities for people to enjoy. It was positive to hear that those who preferred to stay in their rooms or who were cared for in their rooms were included. Staff told us about having greater opportunities to spend time with people on a 1:1 – tea at three as an example. During this visit, we heard and saw staff chatting with people in their rooms/beds and heard laughter and good natured, fun conversations.

There had also been an increase in connections with people in the local community.

This area for improvement has been met.

#### Previous area for improvement 2

In order to ensure that people experience safe effective care and support, the provider should;

- ensure that regular quality assurance processes are embedded and are effective in identifying, preventing and promoting outcome focused care. The processes should be responsive to improving the outcomes for service users and actively drive good practice and standards.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 24 June 2024.**

## Action taken since then

The management team had continued to embed a range of quality assurance tools across the service. This included greater consultation with people who could contribute to developments and improvements.

A service improvement plan helped to capture actions identified by these processes so there was evidence of how improvements were being driven forward.

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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.