

## Deveron Way Care Home Care Home Service

Deveron Way Care Home  
Deveron Way  
Huntly  
AB54 8TS

Telephone: 01466 383145

**Type of inspection:**  
Unannounced

**Completed on:**  
30 June 2025

**Service provided by:**  
Parklands Limited

**Service provider number:**  
SP2003001893

**Service no:**  
CS2024000143

## About the service

Deveron Way Care Home is a two storey building that is located in the town of Huntly. The provider is Parklands Limited.

There are four wings: Badenoch, Seaton, Fraser and Gordon. Each wing has its own lounge, dining and bathing facilities. There is a large café area downstairs and a large craft/activity room upstairs. All bedrooms have en suite toilet and showering facilities.

The care home is located close to local shops and amenities. There are good bus links, with a bus stop outside the care home.

The service is registered to provide care to 60 people. At the time of our inspection there were 58 people living in the service.

## About the inspection

This was an unannounced inspection which took place on 24, 25 and 26 June 2025. The inspection was carried out by two inspectors on the 24 June and by one inspector on 25 and 26 June 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 people using the service their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Prior to our inspection we asked the service to send questionnaires to people, relatives, staff and supporting professionals.

## Key messages

- People appeared well cared for. They received the right care and support to help them look their best.
- There was a varied activities programme that helped people lead meaningful and fulfilling lives.
- The gardens were easy to access and enjoyed by people.
- Mealtimes were social occasions. People were positive about the meals.
- Improvements were needed to the implementation and use of treatment plans.
- Managers were available and accessible.
- A wide range of audits were carried out weekly or monthly.
- There needed to be better use of the information gathered about people's clinical needs and risks.
- There were sufficient staff on shift to ensure that people's needs were met.
- Staff morale was good and staff appeared to work well together.
- The home was clean and odour free.
- Many areas had been refurbished to a very good standard.
- Staff used electronic notes to inform how people wanted to be cared for.

## 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?	5 - Very 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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

People were supported to look their very best. The right support had been provided to help people with their washing, dressing and grooming needs. The care and support people received was right for them. Staff were mindful that people's appearance and how they dressed were important for people to retain a sense of identity. The care and attention from staff contributed to people's high levels of satisfaction with the service they received.

People's preferences for when they received their care and support was known by staff and usually people's experiences reflected these choices. However, on one day during our inspection, some people did not get their care and support at their preferred times. A few people were not assisted with their hygiene and dressing until later in the morning. This delayed their breakfast and affected fluid intake. We are confident that the experiences of people on that day were the exception, however, there could have been better decisions making. For example, raise with managers so that staff could be re-allocated to assist.

There was a varied activities programme in place. People spoke positively about the range of activities and the opportunities they had to try new experiences. Bus trips were organised in a way that enabled everyone the opportunity to go out on a trip. The doors to the gardens were left open. This meant that people could choose to go outside when they wanted. People were very positive about the gardens and how spending time outdoors had enriched their lives. The activities staff showed a commitment to developing the activities provision further. It was important to all staff that people led meaningful and fulfilling lives.

People had formed friendships since moving into the home. There were many examples of people having chats with friends. This companionship enriched people's days.

People were positive about the quality and variety of meals provided. People were able to make informed choices about what they wanted to eat from the menus on the tables. The social aspect of the mealtime helped create a relaxed and informal dining experience.

Some people had been prescribed altered textured diets and fluids. This was due to changes in their ability to swallow. Staff have access to the most up-to-date information to help support people to eat and drink safely. However, when people had changing complex health needs, staff did not always link up how this would impact on the ability to swallow. This had the potential to increase the risks of choking.

When people had a wound, there were detailed wound care plans. This helped ensure that the right dressing regime was used by all staff. This ensured that people received the right treatment to help heal their wound. Ongoing wound assessments helped clinicians assess any improvement or deterioration in the health of the wound. This helped inform decisions about any changes to treatment or involvement of specialists.

People living with dementia received the right care and support that helped them live well. Staff recognised the signs when people were beginning to get anxious, this enabled them to divert and occupy the person. This prevented an escalation of the persons anxiety. Throughout the home there was a calm relaxed feel. Televisions and radios were not overly loud, and buzzers were not prolonged. The efforts taken with

reducing noises that could be intrusive helped people feel calm and relaxed. We felt that the service had good understanding of their many alternative strategies to medications.

People with complex health needs did not have sufficient information available to help inform staff decision making. There were no treatment protocols in place to help support staff to follow an appropriate care and treatment plan. This resulted in inconsistent and at times, inappropriate support being provided. We found that there could have been better decision making when one person's clinical needs became unstable/unpredictable. There were clear instructions about the actions needed and when to seek nurse intervention. Nursing staff should have been notified and involved to enable better and safer decision making to take place. When we raised our concern with managers, they ensured that the necessary protocols were put in place. However, staff need to have better understanding of the importance of clear, prescriptive treatment protocols that will ensure that people get the right care and support to help stabilise their health needs. **(See area for improvement 1.)**

### Areas for improvement

1. Staff should ensure that treatment protocols are in place when people have variable or complex health needs. This will ensure that people get the right and safe care, support and treatment.

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 leadership?

**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

People knew the managers and spoke positively about them. They said that managers were visible and accessible. This meant that they had no concerns raising any concerns they had because of the trusting relationships that had been formed.

Any concern that was received by the service was dealt with appropriately. The record of the complaint, the investigation and the outcome were clearly recorded. This helped ensure that the staff team could learn lessons and prevent a re-occurrence. Managers displayed an open and learning culture that focused on getting things right for people.

Daily 'hub' meetings were held with heads of departments. This was an opportunity for managers to be kept up-to-date with any changes or issues in the home. However, this needs to be revisited with staff to ensure that they are all aware of the importance of sharing relevant information at this meeting. This would ensure that managers could take appropriate actions to support, for example, reallocation of staff to help when staff are struggling to meet people's care and support needs at a time that they want.

There were several weekly or monthly audits for managers to be completed. These were divided into areas of expertise and shared amongst the managers. This made it easier to manage the volume of audits and gave managers ownership of their area of responsibility.

When an incident and accident occurred, staff complete forms that gave details of the incident and the

actions taken after it. These documents could not be closed off until managers had reviewed the contents of the form and assess if the actions taken by staff were appropriate. This meant that opportunities to learn from incidents could take place and that any additional risks identified could be acted upon.

There was a good system in place to analyse falls. This provided managers information on the days, times and locations of falls. Managers used this information to identify trends that could inform changes to be made to reduce risks of re-occurrence.

Staff completed 'resident of the day' reviews. This process was used to review care plans and risk assessments to ensure that they were accurate and reflected the care and support people were experiencing. There were some incidents when the documented care had not been updated to reflect the actual support in place and the person was not involved. It is important that when people's care, support and risks are being reviewed, that they are included to ensure that they have the opportunity to say what is working and what needs changed. This will ensure that the evaluation of the care and support is reflective of their outcomes.

Managers had a clear overview of people's clinical needs. There was weekly and monthly collation of information, for example, people's weight and wounds. However, this information was not used to review or assess if the care and support delivered was working and if any change was needed to help improve outcomes. For example, when a person's weight remained unstable, this information was logged on the overview of weights. This should have informed a review of what measures were in place to help stabilise their weight, assess what was not working and make the necessary changes. Improvements are needed to the services responsiveness to information available from clinical overviews to ensure that people's care and support is adapted to reflect their changing needs. **(See area for improvement 1.)**

## Areas for improvement

1. Improvements should be made to ensure that clinical information collated by managers, is analysed. This will ensure that any necessary changes can be made to people's care and support, to ensure that people receive the care and support that is reflective of their needs.

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?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Staff were visible in all areas of the home. Buzzers were answered promptly and people said usually they did not have to wait for assistance. There appeared to be sufficient staff on duty. This meant that staff were available to assist people when it was needed.

Managers had identified that the previous practice of staff working in fixed wings, meant that there was a lack of knowledge of people in other wings. The change to rotate staff had resulted in staff now being able to answer questions from relatives, regardless of which wing their loved one lived in.

Managers were responsible for the allocation of staff. This meant that the skills, knowledge and experience of staff was assessed prior to allocating them to a wing. This helped ensure that there was a mix of staff in each wing.

There was a lead staff member in each wing. Included in their role was to oversee the quality of the care, support and experiences of people. However, there were inconsistencies in how well this worked. We felt that at times there was a disconnect from what was happening in the wing. This was a missed opportunity to ensure that any deficits in care and support were identified. **(See area for improvement 1.)**

As identified in key question 1, How well do we support people's wellbeing? that there could have been better decision making when someone's clinical needs became unstable or unpredictable. We felt that trained staff should have been notified and involved to enable better decision making. Improvements are needed to staff's understanding of their roles and responsibilities to ensure that people's care, support and treatment is appropriate to their needs at the time.

There were good recruitment practices in place. The questions asked at interview were based on the candidate's knowledge and skills and their understanding of the role. The assessment of the suitability of the candidate meant that managers wanted to ensure that new staff would fit into the team and help to maintain the provider's values: working together, respecting and trust, professionalism and good place to work.

Staff culture appeared to be positive. Staff said they enjoyed working in the home and said that staff were respectful of each other and worked well together. Staff recognised the importance of creating a positive atmosphere and in working together to provide the care and support people needed.

There were many positive interactions between people and staff. Trusting relationships had formed. Some staff demonstrated good skills in distracting and diverting people when they were anxious. The staffs' manner and actions resulted in people experiencing better outcomes.

There was a good plan in place for the supervision and appraisal of all staff. A new induction booklet contained supervision records to be completed during a new staff members 12-week induction. This enabled an assessment of staffs' progress, could be made. However, when the staff member raised areas that they may be struggling with, supervisors did not always take the opportunity to discuss actions that could be taken to help. For supervisions to be meaningful and to help in the development of staff, supervisors should ensure that any areas of improvement identified, should be discussed.

## Areas for improvement

1.  
Staff's understanding of their roles and responsibilities should be developed to ensure that all aspects, including limitations, of their role is understood. This is in order to ensure that people receive consistently good standards of care and support.

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 setting?

## 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.

The care home was very clean and odour free. There were sufficient domestic assistants on duty to ensure that a consistent standard of cleanliness was maintained.

People's bedrooms were very comfortable. Furnishings and décor were of a very good standard. People had been encouraged to personalise their rooms with items brought in from home. This created a homely and cosy environment for people. Attention had been taken to ensure that the positioning of these items enabled people to see and access them.

Areas of the home had undergone refurbishment. This work had been completed to a very high standard. Care and consideration had been taken when choosing window dressings and paint colours, to ensure that these areas remained bright with good natural day light. The improved light helped people to mobilise safely and made it easier for people when reading or taking part in activities.

Corridors had been upgraded with repainting and new carpets. The colours chosen appeared to visually shorten the corridors. People now felt walking back to their bedrooms was achievable. Artwork had been added to the corridors. This helped break up the corridors and gave people focal points to help them find their bedrooms. Directional signage was good, and this helped people to find their way around the home and to make informed choices about where to spend their time.

Further upgrades to the café and craft room are planned. People had been consulted, and their views had informed the planned changes. The planned cinema room was suggested by people. The refurbished café would further enhance this area for people and their families to enjoy. The planned works has a realistic timescale and demonstrated minimal disruption to home life. There was a determination to ensuring that changes to the home were informed by what people wanted and that these changes would help create new experiences and memories for people.

People spoke very positively about the courtyard garden. Thought had been taken to create a garden style that was familiar to people, with plants and flowers that were known by people. Many people who chose to spend time in their bedrooms spoke about the enjoyment they got looking out over the garden. Many people spoke about time spent outside and how much enjoyment this brought them. The service had recognised the benefits to people's health and wellbeing of spending time outdoors.

The maintenance operatives had very robust systems in place for recording and checking the equipment that could be used in the care and support of people. This meant that any deficit was quickly detected and acted upon. Where there was a prescribed piece of equipment used by an individual, for example, moving and handling slings, there was a detailed register with name of person, serial number of slings, and their condition. This helped ensure that the right sling was used for each person and that the sling was fit for purpose. The maintenance checks undertaken ensured that equipment and facilities used by people, were safe and in good working order.



## How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

The care home used an electronic notes system. There was a good training programme in place to help with staff's knowledge and skills on how to use the system. Staff used handheld devices to keep informed of the needs of people and also to record when care and support had been delivered. These entries appeared to lack detail and did not reflect the person-centred experiences of people.

Care plans were variable in their detail and at times there was inaccuracy in what was recorded and the care and support given. In particular in relation to managing risks. The measures taken to reduce risks to people, for example, falls, had changed, however, the care plan had not been updated to reflect this change. This meant that the plans and assessments used by staff to help inform their practices was not consistently accurate.

There was an inconsistency with ensuring that people at risk of choking had the necessary choking risk assessment completed. This is important because it helps inform levels of risks for people and the support they may need. **(See area for improvement 1.)**

When people had complex health needs, there needed to be better linking up of the impact to risks and wellbeing, when there was deterioration in their health. This would ensure that people would continue to receive safe and effective care and support.

The standards of wound care planning and assessment was good. This helped ensure that there was a consistency in the treatment of wounds. This would help with wound healing.

## Areas for improvement

1. The service should ensure that when a risk is identified or when people's health and presentation change, that risk assessments are completed. This is in order to assess the level of risk and to ensure that people receive the right care and support.

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).

## 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 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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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