Praesmohr House
Care Home Service

Birse
Aboyne
Aberdeenshire
AB34 5FP

Telephone: 01339 886032

Type of inspection:
Unannounced

Completed on:
12 August 2026

Service provided by:
JDRH Care Limited

Service provider number:
SP2025000194

Service no:
CS2026000141

About the service

Praesmohr House is owned and operated by Janet Decourt and Ross Howarth who are the providers of this service and operate under the name of JDRH Care Limited. It is registered to provide a care service to a maximum of 28 older people. Nursing care is not provided. There were 22 people resident in the home at the time of this inspection.

The service is located in a traditionally-built property with a purpose-built extension, situated in its own grounds on the outskirts of the village of Aboyne. Most bedrooms in the new wing of the home, and a small number in the original part, have en-suite facilities. There are two communal sitting areas and one dining area in the service. Accommodation is provided on two levels, with a lift to the newer first floor of the extension, and a stair lift to the first floor of the older part of the building.

About the inspection

This was an unannounced inspection which took place on 02, 03 and 04 August 2026. 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 four people using the service, and four of their family representatives;
- spoke with six staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- There was a relaxed atmosphere in the service and people were treated with respect.
- Support plans described support needs, however, required further development to improve accuracy.
- Management and leadership processes were bringing about improvements to the service.
- Staffing numbers were sufficient to support people's care and social needs.

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.

It was evident that staff knew people well and had a good understanding of their individual care and support needs. There was a warm, relaxed atmosphere throughout the service, with natural, good-humoured conversations and positive interactions between people and staff. People and their relatives spoke positively about the support they received. One person told us, "I am happy here, it's fine. The staff are so good", while a relative commented, "The staff are very good with her and contact me if they are worried about anything". During our visit, we observed staff consistently treating people with dignity, respect, and kindness. This demonstrated that positive, trusting relationships had been developed, contributing to people's wellbeing and overall experience of the service.

People's support plans described their individual care and support needs and included relevant risk assessments to help keep them safe. The service had recently introduced a new electronic care planning system, which was still being developed and populated at the time of our inspection. As a result, some support plans did not yet fully reflect the care and support people were receiving in practice. We found that greater consistency was needed to improve the accuracy and reliability of individual support plans. For example, staff were recording personal care under different headings. This meant it was not always possible to establish how frequently people had received a bath or shower, and recorded frequencies did not always reflect people's stated preferences. **(See area for improvement 1).**

We also found that fluid intake targets had not been established for people where there were concerns about maintaining adequate hydration. As a result, staff did not always have clear guidance about the amount of fluid people should be aiming to consume. The management team recognised this and had plans in place to continue reviewing and updating care records to ensure they accurately described people's current needs, preferences, and the support provided. (**See area for improvement 1)**

Medication systems were well managed and the service had recently moved to an online medication administration system. Managers informed that this had significantly reduced errors of administration and recording. We found that some processes such as daily checks on controlled medications had not taken place as procedures stated, however, this was corrected during our inspection.

The service had good links with external peripatetic professionals such as GPs, and the district nursing service who visited the service regularly. We received positive feedback from a visiting professional, who told us, "The service is doing very well now. It's much better organised, and the residents appear much happier". This demonstrated that improvements made by the service were having a positive impact on people's experiences.

An activities coordinator had recently been appointed and was developing a varied programme of activities for people to participate in, should they wish. This included activities within the service, such as arts and crafts, quizzes, and games, as well as outings to places of interest in the local community. A weekly activity planner was available for people and their relatives to view, enabling people to make informed choices about how they wished to spend their time. This supported people to pursue their interests, remain socially connected, and promote their wellbeing.

The service was clean and tidy and there were appropriate supplies of personal protective equipment (PPE) and cleaning materials for staff to use. Cleaning schedules were in use and had been completed at the time of our inspection. Some areas of the service could not be cleaned as well as they should be, however, a plan was in place to bring about improvements in this area.
(Please see the section of the report, 'People benefit from high quality facilities').

Areas for improvement

1. In order to ensure that people's support outcomes are accurate, the provider should ensure people's outcomes are accurately reflected in people's personal plans.

This should include, but is not limited to:
a) Accurately and timeously recording the daily care provided in accordance to people's wishes and preferences.
b) Ensuring that support documentation is up to date and accurately reflects instructions from external peripatetic professionals, and that these are relayed to all relevant staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty'. (HSCS 3.18)

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.

Staff and relatives told us that managers were approachable and accessible. They said they felt listened to and supported and expressed confidence in the management team's ability to lead the service and respond to issues appropriately.

People told us, 'It is improving and I can say that with huge confidence over the last year. There is an air of staff being content, activities going on and things running smoothly. The management changes have been very positive, and 'The manager is very special, she has a sixth sense and knows when something is not right, not just with mum but with me as well'.
An improvement plan, alongside a range of audits and trackers, was in place to monitor the performance of the service. These included support plan and medication audits, as well as trackers to monitor progress against identified improvements to the environment.

Some audits had not been fully effective in identifying concerns relating to the accuracy of support plans and the documentation of medication checks. These findings were discussed with the manager, who acknowledged that enhanced scrutiny and stronger management oversight were required to improve the accuracy, consistency, and effectiveness of recording and monitoring in these areas. **(See area for improvement 1).**

Managers supported staff through a range of oversight and development processes, including quarterly supervision meetings, regular staff meetings and observations of practice. These arrangements provided

staff with opportunities to discuss their performance, reflect on their practice, receive guidance and identify any training or development needs.

People had opportunities to provide feedback about the service through monthly resident meetings and six-monthly reviews of their care and support. While these arrangements were in place, the service was continuing to develop the most effective methods for gathering feedback from people, relatives and staff. We identified this as an area for further development to ensure all stakeholders have meaningful opportunities to contribute to service development and continuous improvement, and that feedback is used effectively to inform positive change.

Areas for improvement

1.
To ensure people benefit from a well led service, the provider should ensure scrutiny and improvement processes effectively identify and bring about improvements. This should include, but is not limited to, ensuring that audits are carried out at correct intervals and are effective in identifying areas for improvement. This should also include training for staff involved in these processes, to ensure that they are fully equipped to carry out this activity.

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).

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 to create a relaxed atmosphere, and clearly knew people well. People and relatives told us, 'She feels very safe here as the staff are in and out of her room all the time and she doesn't have to worry about anything. She gets on well with the staff'. Also, 'I have to say the staff are an absolute delight, nothing is too much trouble for them'. This was evidenced during our inspection, where staff worked with people at a pace that was right for them to ensure their support needs were met.

Staff recruitment systems were in place to ensure that all appropriate pre-employment checks had been completed. We reviewed the records of staff who had recently been employed at the service. These checks included overseas 'right to work' checks, references and criminal records checks, which had been completed before new staff started working at Praesmohr House. This ensured that the service was complying with current guidance, 'Safer recruitment through better recruitment,' to keep people safe.

The provider had recently introduced a new online training platform to support staff with their learning and development. This ensured that staff maintained the core knowledge and skills required to carry out their roles effectively and remained compliant with relevant professional registration requirements.

A dependency tool was used to assess people's individual support needs and inform managers of the staffing levels required to meet those needs safely. We found that appropriate staffing levels were in place,

enabling people to receive support at a relaxed pace and allowing staff sufficient time to provide meaningful support and encourage participation in social and community-based activities.

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.

Praesmohr House offered accommodation within both the older and newer sections of the building, which were connected to enable people to move easily between areas. A range of communal spaces, including a shared lounge, dining room and small sitting area, encouraged social engagement and interaction. The service also provided access to a well-maintained garden with raised planting beds, offering people opportunities to participate in gardening activities and enjoy outdoor space if they wished.

People's bedrooms were personalised and reflected their individual personalities, preferences and interests. Relatives spoke positively about the support they received to personalise these spaces. Comments included, "We are encouraged to bring in things for my mum's room, and they will get things up on the walls as soon as I can bring things in," and "Nothing is too much trouble and there are no restrictions on what she has in her room". This helped to create a homely environment that was meaningful and familiar to people.

We identified some areas for improvement within the older part of the building to ensure the environment was maintained to a consistently high standard and could be cleaned effectively. Some areas required refurbishment and redecoration to ensure surfaces were smooth, intact and wipeable. For example, paintwork was flaking from pipework in some bathroom areas, and there was significant scuffing and damage to some doors and corridor surfaces. This meant that these areas could not always be cleaned as effectively as intended, increasing the risk of poor infection prevention and control. The manager was aware of these issues and an improvement plan and tracker was in place to address them. At the end of our inspection, we were provided dates for planned repainting of these areas, which we will monitor at our next inspection.

Cleaning was taking place during our visit, and structured cleaning schedules were in place to ensure all areas of the service were cleaned appropriately and on a regular basis. These arrangements were supported by management audits and oversight processes, which helped monitor standards of cleanliness and ensure the environment remained safe, hygienic and comfortable for people living in the service.

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 support plans in place that outlined their assessed needs, preferences, and the professionals involved in their care and support. Feedback from professional colleagues was positive, with comments indicating that the service worked effectively in partnership with external agencies. Professionals confirmed that appropriate referrals had been made when required, ensuring people received timely access to specialist advice, assessments, and interventions to support their health, wellbeing, and overall support outcomes.

Legal powers were in place to support decision-making and safeguard people's rights, such as Power of Attorney (POA), anticipatory plans and medical treatment orders. We observed that two people did not have medical treatment orders in place, however, these were under discussion with the GP.

We discussed with managers that any concerns regarding a person's capacity are referred promptly for appropriate assessment, enabling relevant professionals and family members to work together to uphold the individual's rights, preferences, and wishes, and to ensure that any necessary legal measures are implemented where required.

Reviews had been completed for most residents, with arrangements in place for the remaining reviews to take place. A tracking system was used to ensure reviews were scheduled at appropriate intervals. These meetings provided people and their representatives with opportunities to discuss their care and support, review outcomes, and make changes where required to ensure support continued to meet their needs and preferences.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.scot.

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
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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
3.1 Staff have been recruited well	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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