

Tigh-a-Rudha Residential Home Care Home Service

Scarinish
Isle of Tiree
PA77 6UH

Telephone: 01879 220 407

Type of inspection:
Unannounced

Completed on:
25 September 2025

Service provided by:
Argyll and Bute Council

Service provider number:
SP2003003373

Service no:
CS2003000462

About the service

Tigh-a-Rudha is a residential home for older people situated in a residential area of Scarinish on the Isle of Tiree.

The service is currently registered to provide residential care to a maximum of 10 people, including one place for respite or short breaks and one under the direction of local GP's.

The home has recently undergone major refurbishment, with the development of ensuite shower rooms and upgraded communal areas. There was open access to the enclosed gardens.

At the time of inspection, there were eight people living in the home. The registered manager was supported by a team of senior carers and carers.

About the inspection

This was an unannounced inspection which took place on 15, 16, 20, 21 and 22 September 2025, between 08:45am and 21:00pm. 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 five people using the service and two of their relatives.
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- had contact with professionals linked with the service.

Key messages

- People experienced warm, respectful support that helped them feel settled and valued.
- Staff built positive relationships quickly, and were able to effectively identify changes in health and wellbeing.
- The environment had been refurbished to a high standard, creating a homely and welcoming setting.
- Maintenance, safety checks and servicing required stronger oversight, to ensure the safety of the environment.
- Staffing levels were appropriate to meet peoples assessed needs. However, the provider is required to redress the balance of permanent staff to ensure an appropriate experience and skills mix to continue to provide quality care and support.
- Leaders were knowledgeable about aspects of the service which required improvement, to enhance the service.
- The management team should continue to develop and utilise effective quality assurance processes to support the ongoing improvement of key aspects of the service.
- Service management should ensure all staff training is up-to-date and relevant learning and development opportunities offered.
- We followed up on 5 requirements, 2 of which were met. Whilst some improvements had been made in relation to the other 3, we agreed to an extension to give the provider more time to fully implement their plans.

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?	5 - Very Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

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.

People experienced warm, respectful, and person centred support that had a very positive impact on their health and wellbeing. Staff knew people well and developed meaningful relationships quickly, which helped new people feel welcomed and settled. People who had returned "home" to the island after being accommodated elsewhere described feeling happy, reassured, and much more settled. Families valued the difference this made to their loved ones' lives.

People should get the most out of life because the people and organisation who support and care for them have an enabling attitude and believe in their potential. Some people were supported to maintain independence with personal care and activities, and while this was not always fully reflected in care plans, the impact on people's outcomes was evident. It would be beneficial to continue to identify strengths and work on building on these. One person told us "I felt better than I have in a long time, it is really helpful for me having some structure to my day".

More consistent staffing levels had enabled people to take part in a wider range of activities, both inside and outside the home. People valued being able to attend church, and the service had recently joined an online exercise programme to increase opportunities for activity. There had been positive changes in the atmosphere within the service, with people enjoying more interaction and engagement with their peers. The addition of a rescue cat had also been very positive, helping people to feel more settled and providing companionship. It is important that all staff continue to recognise the value of meaningful activity and ensure everyone has access to opportunities, even if they choose not to participate in group sessions.

(Please see area for improvement one).

Meals and snacks should meet people's cultural and dietary needs, beliefs and preferences. People told us they enjoyed the food and could have what they wanted at any time. Catering staff were aware of dietary needs and catered for these. The management team recognised that the mealtime experience could be further developed to make it more engaging and meaningful.

Staff had strong relationships with other professionals, and families valued how quickly staff picked up on health concerns and shared these appropriately. An external professional shared "Staff all know people really well, which makes a big difference as they can pick up very early any indicators of someone becoming unwell or anything of concern. As a staff team, they are good at seeking advice - particularly as they have more limited access to training than other services might have, with it being on an island and so rural".

Medication systems were safe, with daily counts and regular audits in place. Protocols for "as required" medication were in place for some people and should be extended to all to ensure consistency. Monitoring charts were completed where required, providing useful information for healthcare professionals.

Respite provision was highly valued by people and their families, who described it as invaluable in giving them peace of mind. An individual told us "I was so pleased to have been able to get a place here for a time to let x get a rest - I settled really well and staff are so kind".

Where people were supported with their finances, this was well managed, with clear records in place, giving assurances regarding the safety of people's money.

Areas for improvement

1.

The provider should continue to enhance the provision of activities throughout the home linked to people's choices and preferences, to support better outcomes.

This should include but not be limited to:

- a. provision of regular planned activities linked to individuals' preferences, which provide stimulation and validation
- b. opportunities for everyone to have access to meaningful and therapeutic activities
- c. improved availability of one-to-one support with meaningful activity
- d. effective evaluation of activities provided, which inform future plans.

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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should benefit from a culture of continuous improvement. A comprehensive improvement plan was in place, identifying for each quality indicator what the service did well, what could be improved, and the actions required to achieve this. While the plan was detailed and robust, it was difficult to navigate due to its size. The manager recognised this and planned to break it down into smaller, more manageable sections with target dates. This provided a strong foundation for driving forward improvement.

A framework had been developed to set out the quality assurance systems and processes to be carried out and when. However, this had not yet been fully implemented. Staffing pressures and the lack of a permanent team had made it difficult to allocate time for senior staff training and to embed these systems.

(Please see area for improvement one).

A number of audits had been carried out, but these were not yet consistent enough to demonstrate clear

impact or improvement. Some audits identified issues but there was no details of actions taken. Recording fuller information would provide greater clarity and accountability.

(Please see requirement one).

Some clinical information was being tracked, such as skin tears and pressure wounds, although it was not always clear what happened with this information. It is important that information recorded is accurate, complete, and used for its intended purpose.

(Please see requirement one).

The manager had developed an oversight of legal powers in place for each person, which provided assurance that the service held accurate knowledge about people's rights and legal position.

The oversight of staff professional registration had improved, with the manager able to identify where there were issues and take appropriate action. It is important that where there are issues with registration organisational policy is followed and appropriate notifications made to Care Inspectorate.

Recruitment files sampled showed that in small number of cases where only one reference had been obtained, as there appeared to be inconsistencies in guidance issued by the provider. It is important that safe staffing guidance and organisational policy are followed consistently to ensure people are protected. The most recent recruitment demonstrated that all required checks were in place, and the manager showed a clear understanding of safe recruitment requirements.

(Please see area for improvement two).

Requirements

1. By 22 April 2025, the provider must ensure that robust and effective quality assurance processes are in place. They must give an oversight of all aspects of the service and ensure identification of areas requiring action for the continuous improvement of the service.

This should include but not be limited to:

- a. the registered manager utilising a quality assurance framework clearly detailing the expectations and requirements to ensure effective organisational governance and complete oversight of the service and ongoing key activities
- b. quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service
- c. quality audits including care planning, finance and medication must be fit for purpose and used consistently across the service. Audits must be accurate, up to date and ensure they lead to the necessary action to achieve improvements without delay
- d. the management team having clear oversight of people's health and wellbeing needs

and actions required to promote good health and wellbeing

- e. service management have a clear overview of staff registration, training and identified gaps, supervision and observations of practice.

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) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

We agreed an extension to this requirement to 16 February 2026.

Areas for improvement

1.

To improve the consistency of quality assurance systems, the provider should explore and clearly define roles and responsibilities for the senior staff team, including senior management, the manager and senior staff. Senior staff should be enabled to carry out their role to build confidence in the senior team to develop and improve the service.

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 is consistent and stable because people work together well' (HSCS 3.19).

2.

To ensure the safety of people, the provider should ensure there is a clear recruitment policy in place, reflecting safe staffing guidance. This should be implemented fully for all new staff.

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

"I am confident that people who support and care for me have been appropriately and safely recruited"(HSCS 4.24).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People can expect to have confidence in their staff team, because they are trained, competent and skilled. A training needs analysis was in place, setting out mandatory, essential, and desirable training for different staff roles. This provided a helpful framework, though it would be beneficial to review this further to ensure all key areas are covered and that support staff are also included.

Access to online training had increased, but staff told us that lack of time remained a barrier. While uptake of training had improved, there were still significant gaps. The manager recognised this and had arranged face to face training in key areas such as medication, falls, and quality assurance over the coming months.

(Please see requirement one).

Several practice observations had been carried out since the start of the year, including infection prevention and control, medication as well as some direct support observations. These demonstrated good practice. However, these were not carried out for all staff. It is important that observations are carried out consistently across the whole staff team to provide assurance of competence.

(Please see requirement one).

A small number of team meetings had taken place during the year and were well attended. A range of topics were discussed, including organisational updates and learning and development. However, the content of meetings was often very similar, which may limit staff engagement. It is important that meetings reflect ongoing developments and provide opportunities for meaningful discussion and learning.

People should experience care and support which is consistent and stable because people work together well. Staff had time to spend with people attending to care and support needs. Staff told us they appreciated how the team continued to pull together, with many saying they were hopeful the service was moving in the right direction. Several people described it as a very positive working environment. Support staff also shared that they felt like an integral part of the team and were recognised as contributing to the overall support for people.

There continued to be challenges in balancing the rota, particularly in relation to the ratio of contracted and bank staff. A number of staff were performing dual senior and care worker roles, and there were occasions where shifts, particularly at night, were covered only by bank staff. While this had been necessary, it was not ideal in terms of skills mix and experience. Because rotas were heavily dependent on bank staff availability, it was difficult to establish a consistent pattern that provided stability for staff.

(Please see requirement two).

People's needs should be met by the right number of people. A dependency assessment was in place, detailing the assessed support needs of people. From rotas we could see that staffing hours were appropriate to meet people's needs, provided the senior on shift was included in direct support. While this had been necessary in recent months, this is not a longer term solution.

Requirements

1.

By 22 April 2025, the service provider must ensure all staff receive training appropriate to their role and particular to the needs of people supported. To promote the safety and wellbeing of people, staff must apply their training into practice. To do this the provider must, at a minimum:

- a. ensure all staff receive appropriate induction and core training, as directed by training needs analysis including dementia, managing stress and distress and any other relevant condition specific training required
- b. ensure that key training to keep staff and people supported safe is current and up to date for all staff
- c. monitor staff competence through regular supervision, team meetings and direct observations of staff practice, including medication observations
- d. keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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 reflection their practice and follow their professional and organisational codes' (HSCS 3.14).

We agreed this requirement would be extended to 16 February 2026.

2.

By 22 April 2025, the provider must ensure that effective methods are in place to meet people's assessed care and support needs. This must include, but not be restricted to:

- a. regular staffing assessments and planning based on current guidance. These should take into account a variety of meaningful measurements including people's assessed needs and support preferences. This should be responsive and adaptable to meet people's changing needs
- b. staffing levels and skills mix are based on people's outcomes and needs.

This is to comply with Section 7 (1) and (2) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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

'My needs are met by the right number of people' (HSCS 3.15).

We agreed this requirement would be extended to 16 February 2026.

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 refurbishment of the building was now complete, with communal areas, a hairdresser, and a beauty salon finished to a high standard. Décor was homely and tasteful, and this was making a positive difference to people's daily lives. It was encouraging to see people spending time together in the lounge, with staff making efforts to adjust seating so that everyone felt included. People also appreciated the privacy that ensuite facilities provided. Although the balcony from the dining room had not yet been completed, people were able to access the garden area directly from the lounge.

The home was very clean, with housekeeping staff working hard to maintain high standards. Cleaning schedules provided clear guidance on what tasks were required and when. Housekeeping staff were knowledgeable about the correct use of cleaning products and recognised the additional demands created by the new ensuite facilities. They told us they "felt confident they were doing what was required to keep the environment clean and safe".

Laundry systems were working well, with no significant build up of laundry. The newly repaired washing machine had improved efficiency. Housekeeping staff planned their day around washing cycles to make best use of their time.

Fire checks were being carried out weekly, some issues had been identified with doors not closing intermittently. The provider had carried out fire risk assessment, which had identified areas of non compliance, with no action plan detailed. It is important that such issues are reported promptly and that actions taken are clearly recorded. Portable appliance testing had been carried out recently although we were not able to see that all appliances and equipment had been tested. The manager agreed to take this forward.

(Please see area for improvement one).

Senior staff had collated a list of equipment and servicing dates, but it was not always clear that all equipment had been serviced appropriately. While servicing was being carried out, an overview of dates and renewal schedules would provide clearer assurance. Water temperature checks were being completed regularly, but it would be helpful if these and other checks (such as fridge temperatures) clearly recorded the safe ranges and actions to be taken when results fell outside expected levels.

(Please see area for improvement one).

Areas for improvement

1.

The provider should ensure that the environment is safe and protects people who live, visit and work in the service from harm.

To do this the provider must ensure that all maintenance, servicing and safety checks are being carried out inline with good practice guidance and organisation requirements. Any resultant actions must be detailed

and taken without delay.

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

"My environment is secure and safe." (HSCS 5.17)

How well is our care and support planned?

3 - Adequate

We evaluated this key question overall as adequate, where strengths only just outweighed weaknesses.

The quality of care plans was variable. For some people, plans contained good strengths based information, clearly setting out what individuals could do for themselves and where support was required. However, for others, there was limited detail, making it difficult to see what the assessed needs and support requirements were. Updates were not always made consistently when people's needs changed, which reduced assurance that plans always reflected current circumstances.

It would be beneficial for care plans to include clear, outcome focused goals, particularly for people who may transition back home. This would allow progress to be tracked more effectively and ensure support was aligned with people's aspirations.

We recognised that the staff team was relatively small and knew people well, which reduced reliance on written plans. However, it remains important that care plans consistently capture people's needs and wishes, especially for those who are new to the service or who may not be planning a long term future at Tigh-a-Rudha.

Reviews were being carried out regularly and included the views of loved ones where appropriate. These provided a good overview of people's circumstances over the previous few months and how support was meeting their needs.

Areas for improvement

1.

To ensure that people receive the right support at the right time, the provider should ensure care plans are up to date and detail accurate information. This should include:

- a. each person has a detailed care plan which reflects a person-centred and outcome focused approach directing staff on how to meet people's care and support needs
- b. anticipatory care plans should be detailed and person specific, with staff fully informed of the person wishes
- c. stress and distress care plans should be in place, for people who display signs of stress and distress. These should be descriptive giving clear guidance on how support

should be provided

- d. care plans contain accurate and up to date individualised risk assessments, which direct staff on current or potential risks and risk management strategies to minimise risks identified
- e. care plans are regularly reviewed and updated with involvement from people, relatives and advocates.

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

'My personal plan (sometimes referred to as a 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).

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

Requirements

Requirement 1

By 22 April 2025, the provider must ensure that robust and effective quality assurance processes are in place. They must give an oversight of all aspects of the service and ensure identification of areas requiring action for the continuous improvement of the service.

This should include but not be limited to:

- a. the registered manager utilising a quality assurance framework clearly detailing the expectations and requirements to ensure effective organisational governance and complete oversight of the service and ongoing key activities
- b. quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service
- c. quality audits including care planning, finance and medication must be fit for purpose and used consistently across the service. Audits must be accurate, up to date and ensure they lead to the necessary action to achieve improvements without delay
- d. the management team having clear oversight of people's health and wellbeing needs and actions required to promote good health and wellbeing
- e. service management have a clear overview of staff registration, training and identified gaps, supervision and observations of practice.

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) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 22 November 2024.

Action taken on previous requirement

A framework has been developed, detailing what quality assurance activities should be done and the frequency. However this is not yet being fully utilised.

A number of audits had began to be carried out, across a range of areas including medication, care planning and clinical information. These however have not been frequent enough to fully see their effectiveness. Where improvements were identified as being required, there were no clear plans created to direct actions needed. It was therefore not clear if the improvements had taken place.

Audits were wide and varied, asking many questions. Where compliance checks were being undertaken, there did not appear to be clear parameters of what the expected outcome should be. It would be helpful for the provider and management team to explore them to ensure they are beneficial and able to give the manager reassurances required.

The management team had oversight of staff registration with their professional bodies. Although not all staff were registered as required, the manager was aware of this.

There was oversight of training staff had completed and the manager was aware of the gaps. However due to staffing challenges it had not been possible to put a plan in place to address this. Similarly although there was a template for recording supervision, this had not yet been utilised.

This requirement will be extended to 16 February 2026.

Not met

Requirement 2

By 31 January 2025, to ensure the safety of people, the provider must ensure all staff are appropriately registered with their regulatory body.

This is to comply with Regulation 9(1) (Fitness) 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 confident that the people who support and care for me have been appropriately and suitably recruited' (HSCS 4.24).

This requirement was made on 22 November 2024.

Action taken on previous requirement

At the time of inspection, the manager was aware that there were three staff not registered with their regulatory body, Scottish Social Service Council (SSSC). However one registration had been completed prior to the end of the inspection, there was therefore two staff. Actions had been taken to rectify this, with one staff member not being allocated shifts and the other changing roles.

Whilst this requirement is met, ongoing oversight of this will be incorporated into the requirement within "how good is our leadership".

Met - outwith timescales

Requirement 3

By 22 April 2025, the service provider must ensure all staff receive training appropriate to their role and particular to the needs of people supported. To promote the safety and wellbeing of people, staff must apply their training into practice. To do this the provider must, at a minimum:

- a. ensure all staff receive appropriate induction and core training, as directed by training needs analysis including dementia, managing stress and distress and any other relevant condition specific training required
- b. ensure that key training to keep staff and people supported safe is current and up to date for all staff
- c. monitor staff competence through regular supervision, team meetings and direct observations of staff practice, including medication observations
- d. keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

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) 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 reflection their practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 22 November 2024.

Action taken on previous requirement

An induction handbook was in place had been discussed with new staff, with the exception of training sections, which had not been completed. It was therefore not clear what training had been completed as part of the induction process.

A training need analysis had been created for seniors and social care staff, this was helpful to see the distinction between roles and the expectations in relation to training requirements. It would be beneficial for this to be extended to all staff across the home, including support staff.

Although some training has been completed, mainly online, there were gaps in core training, not yet undertaken by a number of the staff team. There was a plan to address this in the upcoming months.

Due to staffing challenges over recent months supervision has not been undertaken. There had been team meetings, with attendance from a number of staff, where a range of topics were discussed. Observations of practice had been carried out, although not for all staff.

This requirement will be extended to 16 February 2026.

Not met

Requirement 4

By 22 April 2025, the provider must ensure that effective methods are in place to meet people's assessed care and support needs. This must include, but not be restricted to:

- a. regular staffing assessments and planning based on current guidance. These should take into account a variety of meaningful measurements including people's assessed needs and support preferences. This should be responsive and adaptable to meet people's changing needs
- b. staffing levels and skills mix are based on people's outcomes and needs.

This is to comply with Section 7 (1) and (2) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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

'My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 22 November 2024.

Action taken on previous requirement

The manager had a clear understanding of peoples assessed needs and the staffing required to meet these.

Whilst staffing levels were appropriate to meet peoples assessed level of need, there was a high number of bank staff, which the service was dependent on to cover the rota. A number of staff had a dual role as both senior and social care worker. Due to the volume of bank staff, despite the managers best efforts the skills mix was not always as effective as it could be, due to staff availability.

This requirement will be extended to 16 February 2026.

Not met

Requirement 5

By 30 January 2025, the provider must ensure that the environment is safe and protects people who live, visit and work in the service from harm. To do this the provider must ensure that all internal and external maintenance, servicing and safety checks are being carried out in line with good practice guidance and organisation requirements. Any resultant actions must be detailed and taken without delay.

This is to comply with Regulation 4(1) (a) (Welfare of users) and Regulation 10(2)(b) and (d) (Fitness of premises) 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:

'My environment is secure and safe' (HSCS 5.17).

This requirement was made on 22 November 2024.

Action taken on previous requirement

There was evidence of a number of regular safety checks being carried out, including weekly fire checks, portable appliance testing and statutory servicing such as fire alarm and extinguisher checks. The manager was developing systems to track servicing dates for equipment. For the ongoing safety of people, this should continue to be developed to ensure an effective cycle of maintenance and servicing.

Water temperature and flushing checks have recently been introduced. This could be improved upon by having clear guidance on the safe parameters, to guide staff on when further advice was needed.

We will create an area for improvement in relation to ongoing development of effective internal and external safety and maintenance checks being undertaken.

Met - outwith timescales

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

To keep people safe and promote their health and wellbeing, the provider should ensure recording in relation to health and wellbeing is consistent across the service. This should include monitoring charts being implemented and fully completed, when assessed as being required. These should detail why they are in place, actions required and evidence of action being taken if expectations are not achieved.

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 17 December 2024.

Action taken since then

Where monitoring charts were assessed as being required, these were being completed regularly. We observed recordings detailing key health and wellbeing information, that was then able to be passed onto other healthcare professionals as required.

This area for improvement has been met.

Previous area for improvement 2

The provider should enhance the provision of activities throughout the home linked to people's choices and preferences, to support better outcomes.

This should include but not be limited to:

- a. provision of regular planned activities linked to individuals' preferences, which provide stimulation and validation
- b. opportunities for everyone to have access to meaningful and therapeutic activities
- c. improved availability of one-to-one support with meaningful activity
- d. effective evaluation of activities provided, which inform future plans.

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 22 November 2024.

Action taken since then

We heard that there had been more opportunities for people to get involved in activities within the home and out in the community. Staff recognised that people have a variety of preferences and were more likely to engage in activities that they enjoyed.

There were plans to support one lady to engage in some occupational activity, which was meaningful for

her, although this had not been started as yet.

People shared their appreciation at having the opportunity to attend local lunch groups, exercise classes and church, which was important to them.

Although we recognise there has been more focus on activities, ongoing developments to ensure fair and equal access for all people including occupational activity would be beneficial.

This area for improvement is not met and will be re-instated.

Previous area for improvement 3

The provider should have robust systems in place to ensure safe and effective management of medication which follows good practice guidance. This should include detailed as required protocols for each medication that has been prescribed "as and when required". Information should guide staff on when medication should be given, expected outcome and thresholds for further action.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 17 December 2024.

Action taken since then

Overall there was clear recording in place, where medication was being administered. Daily counts were in place to quickly identify errors, alongside regular audits of medication recording.

As required protocols were in place for some people and should be rolled out for all, to ensure consistent support with all medication that has been prescribed "as and when required".

This area for improvement has been met.

Previous area for improvement 4

Given the close nature of the community, to protect people and keep them and their information safe, the provider should clearly document personal connections between staff and staff and residents.

This should include measures in place to mitigate any identified risks associated with family members or people with personal connections working within the same service.

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

'I have agreed clear expectations with people about how we behave towards each other, and these are respected' (HSCS 3.3).

This area for improvement was made on 22 November 2024.

Action taken since then

The manager had created an overview of connections across the staff team. This created transparency and recognised the potential risks associated with family members working alongside each other.

This area for improvement has been met.

Previous area for improvement 5

To improve the consistency of quality assurance systems, the provider should explore and clearly define roles and responsibilities for the senior staff team, including senior management, the manager and senior staff. Senior staff should be enabled to carry out their role to build confidence in the senior team to develop and improve the service.

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 is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 22 November 2024.

Action taken since then

Senior staff have been developing their role and becoming more involved in undertaking quality assurance activities. However, this has not been fully developed as yet. Due to current staffing challenges, senior staff do not always have the opportunity to carry out senior duties.

This area for improvement has not been met and will be re-instated.

Previous area for improvement 6

To ensure the safety of people, the provider must agree and implement a robust and effective on-call system. All staff should be aware of the process to follow, in the event of requiring support when there is no management within the building.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 22 November 2024.

Action taken since then

The organisation had an out of hours on-call system in place, which staff were aware of. Whilst the manager continued to receive calls and messages out with hours of work, this was generally based around the organisation of the rota and not in relation to care and support. It is anticipated that this will reduce with the addition of the new administrators role.

This area for improvement has been met.

Previous area for improvement 7

To ensure that people receive the right support at the right time, the provider should ensure care plans are up to date and detail accurate information. This should include:

- a. each person has a detailed care plan which reflects a person-centred and outcome focused approach directing staff on how to meet people's care and support needs
- b. anticipatory care plans should be detailed and person specific, with staff fully informed of the person wishes
- c. stress and distress care plans should be in place, for people who display signs of stress and distress. These should be descriptive giving clear guidance on how support should be provided
- d. care plans contain accurate and up to date individualised risk assessments, which direct staff on current or potential risks and risk management strategies to minimise risks identified
- e. care plans are regularly reviewed and updated with involvement from people, relatives and advocates.

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

'My personal plan (sometimes referred to as a 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).

This area for improvement was made on 22 November 2024.

Action taken since then

The content of care plans was variable. For some people there was detailed strengths based information capturing what people are able to do for themselves and support to be provided by staff, but this was not the case for all.

We were not able to see clear detailed information on how to provide support for some people, which may

cause confusion. To ensure all staff have a consistent approach to support needs, when new people move into the service, a plan should be devised that can be added to as new information becomes available.

We did not see information to guide staff on how to minimise the impact of stress and distress, to ensure consistency of support.

Reviews were carried out regularly, involving peoples loved ones, where appropriate. This ensured that support was still able to meet peoples needs.

This area for improvement is not met and will be re-instated.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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.