

# Sutherland Care at Home Service Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
9 October 2025

**Service provided by:**  
NHS Highland

**Service provider number:**  
SP2012011802

**Service no:**  
CS2024000133

## About the service

Sutherland Care at Home Service provides support to people in their own homes. The service provides personal care and support to people living in Sutherland, there are two teams East Sutherland Care at home team and West Sutherland Care at Home team. The service covers both town and rural areas.

The service provider is NHS Highland.

## About the inspection

This was an unannounced inspection which took place between 6 and 7 October 2025. The inspection was carried out by 3 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 people using the service, and their family;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

## Key messages

- Staff had received appropriate training and were competent to support people.
- People received consistency of service.
- Support planning was in place and reflected people's needs and outcomes.
- Improvements had been made with quality assurance, governance, and oversight.
- Low morale in some areas of staffing.
- The service should continue to collaborate and develop the improved communication links with health and social work services.
- The service had met all requirements and areas for improvement identified at the previous inspection.

## 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? | 3 - Adequate |
| How good is our leadership?                | 3 - Adequate |
| How good is our staff team?                | 3 - Adequate |
| 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?

## 3 - Adequate

We found the service had made effective improvements in this key question. In recognition of this we have confirmed a review of our evaluation upwards from unsatisfactory to adequate. This meant we saw strengths emerging which led to positive outcomes for people.

Since the previous inspection in April 2025, we found that there had been improvements in the level of care and support provided to people who were supported by this service. There had been a significant reduction in missed visits and people were getting their medication at the correct time. People we spoke with recognised the staffing challenges within the service and told us they did not always have consistency of staffing, however, received a regular service.

Comments from the service user questionnaires included:

"I am happy with all aspects of my service. Care has been excellent and is very much appreciated".

"Support is well received, and I am happy to be at home".

"Having carers 3 x per day is a great support for me for my medication and checking I have had my meals. The service is improving with having the same carers which makes me feel safe".

During observations we found that the care management system used to support the delivery of care, was not always reflective of staff schedules or care being delivered. The service had identified this as an area that required improvement and taken appropriate actions to address this, ensuring people's care and support needs were met.

We observed staff treating people with kindness, dignity, and respect. People supported by this service provided positive feedback about the staff and level of care they received. The service user questionnaires found that 95 per cent of people agreed strongly or agreed that they experienced high quality care and support.

We found that care plans were person centred and reflected the needs of people. There were various risk assessments in place to monitor key aspects of someone's care.

A medication audit had been carried out which identified necessary improvements and plans were in place to address actions identified. Staff we spoke with had undertaken medication training and had their competency assessed. We found evidence of improved communication pathways to escalate concerns. Where we identified any issues, the management team took prompt action to address these. The service had made notifications to the Care Inspectorate of all identified medication errors and missed visits, and appropriate actions had been undertaken. The service provider had shown a commitment to promoting best practice to support the health and wellbeing of people it supports.

## How good is our leadership?

## 3 - Adequate

We found the service had made effective improvements in this key question. In recognition of this we have confirmed a review of our evaluation upwards from unsatisfactory to adequate. This meant we saw strengths emerging which led to positive outcomes for people.

At the last inspection we made two areas for improvement under notifiable events and support for staff.

(See under section 'What the service has done to meet any areas for improvement made at or since the last inspection'.)

Since the previous inspection, an experienced registered manager had been appointed. They had a robust induction plan in place and spoke positively about support received from the service provider. They told us about their priority for a more visible management presence and focus on staff welling. This is essential to ensure a responsive and skilled workforce, and better outcomes for people.

We found evidence of quality assurance processes and the implementation of early warning systems to identify risks. There was improvements in the level of management oversight and monitoring of care and support. Despite the office-based staff experiencing significant shortages, we observed managers being responsive to risks identified and issues resolved, ensuring the safety of service users. Professionals commented there is a sense of "optimism" that this service will continue to improve. The service user questionnaires showed that most people agreed or agreed strongly when asked if they had confidence in the service.

Most staff had completed core training and competency checks had been undertaken. We observed good practice and staff we spoke with told us they felt positive about the training, particularly their learning from medication training. We found evidence that staff were identifying risks and notifying the management team of issues. Professionals told us there had been an increase in staff reporting and highlighting risks. Notifications had been made to the Care Inspectorate, evidencing appropriate actions had been undertaken to keep people safe.

No formal complaints had been received since the previous inspection. Staff we spoke with were aware of the complaint's procedure. Feedback from staff was varied, with some staff commenting that morale remained low. We received good feedback from people supported by the service about the care and support they received. The service received a high response rate from the service user questionnaires with overall very positive feedback from people.

Since the previous inspection, the service provider had been accepting of support from the Care Inspectorate and the intervention of external professionals. Professionals told us there has been "greater visibility from senior managers" and improved communication with the service. However, they also identified challenges around some areas of communication where ongoing work was required to ensure effective response times. Procedures had been introduced to ensure that if there were concerns, people were listened to and concerns acted upon. It is important that the service can continue to develop, evidence and sustain the improvements over time.

### How good is our staff team?

### 3 - Adequate

We found the service had made effective improvements in this key question. In recognition of this we have confirmed a review of our evaluation upwards from unsatisfactory to adequate. This meant we saw strengths emerging which led to positive outcomes for people.

At the previous inspection we made a requirement in relation to staff training. (See requirement 1 under section 'What the service has done to meet any requirements made at or since the last inspection').

We observed safe practice and compassionate care during visits. Staff were aware of correct procedures to follow if there were any risks or issues identified. Staff told us about ways in which training had developed

their knowledge and improved competency. Professionals told us there had been increased reporting of medication errors, as there are clearer pathways in place when issues or risks were identified. This showed that staff have sufficient skills and knowledge to support people, they reflected on their practice and followed their organisational codes.

The service user questionnaire responses showed that people had confidence in the staff who supported and cared for them.

Since the previous inspection the service provider had taken actions to support staff wellbeing and morale. The service recognised that morale remained low and the new registered manager had identified staff wellbeing as an area of priority which required ongoing development.

The service had sought feedback from service users about the service. Comments from the service user questionnaires:

"The service I receive is excellent, way better than I would expect. I have always been most impressed with the staff you have sent to me; that are always kind and helpful. Thank you.!"

"Everything is fine. The carers are brilliant and I have no complaints".

"All care given by carers is excellent".

"I feel all the carers are very nice and treat me with respect and dignity. My main carer...knows my needs and I have full trust in her, she is excellent".

## How well is our care and support planned?

**3 - Adequate**

We found the service had made effective improvements in this key question. In recognition of this we have confirmed a review of our evaluation upwards from weak to adequate. This meant we saw strengths emerging which led to positive outcomes for people.

At the last inspection we made a requirement in relation to care planning and associated documents. Information about improvements in care planning is documented in requirement 1 under section ('What the service has done to meet any requirements made at or since the last inspection').

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

### Requirements

#### Requirement 1

By 6 August 2025, you must ensure people experiencing care receive support from staff with sufficient skills and knowledge for the work they are to perform in the service.

This must include, but is not limited to:

a) Assessing the training needs of all staff.

- b) Delivering a comprehensive plan of training.
- c) In particular, you must ensure that all staff receive training relevant to the work that they carry out in order to keep service users safe, such as; safe administering of medication, moving and handling , skin integrity, adult support and protection, meeting the care and support needs of service users.
- d) Implementing a quality assurance systems, ensuring this plan is reviewed to reflect the ongoing training required to equip staff to meet the individual personal and physical health needs of people experiencing care.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.'  
(HSCS 3.14).

**This requirement was made on 10 April 2025.**

#### Action taken on previous requirement

We found evidence of audits being undertaken by the service to assess the training needs of all staff and a comprehensive plan of training had been put in place. This included core training relevant to the work staff carry out and required to meet the care and support needs of service users.

As part of the quality assurance process, systems were in place to review the training needs of staff to ensure they had the skills and knowledge to meet the individual health and physical needs of people supported by the service. Part of this process, had included having a clearer eligibility criteria for referrals to the service, improved communication with the professional and multi-agency discussion to identify where people's more complex health needs would not be met by the service as staff did not have the necessary skills and knowledge to ensure safe and best practice.

#### Met - outwith timescales

#### Requirement 2

By 6 August 2025 the provider must ensure that people's care plans and associated documents are up-to date, accessible and used to inform care staff how to provide the right support.

In particular you must ensure that:

- a) Care plans provide accurate information to staff about people's specific health care and wellbeing needs.
- b) Where there is a change in a person's health and care needs or in people's risk as a result of an incident or review, a risk assessment is immediately updated and care plans are updated.
- c) Where people are not able to fully express their wishes and preferences, the necessary consents are obtained from the person's legally appointed guardian.
- d) The care plan is formally reviewed at least once in every six month period and people and their relatives or representative/s are fully involved in this review.

This is in order to comply with Regulation 4(1) and 4(2) 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 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); and

'I am assessed by a qualified person, who involves other people and professionals as required'. (HSCS 1.13).

**This requirement was made on 10 April 2025.**

## Action taken on previous requirement

Since the previous inspection, each person supported within the service had their care and support reviewed and care plans were completed. The care plans sampled were person-centred and documented people's wishes and outcomes. They provided detail about specific health care and well-being needs.

We identified areas where risk assessments were required to ensure people's health needs were supported and in accordance with good practice. Issues identified were promptly resolved by the management team.

Risk assessments had been updated to reflect changes in people's health and appropriate action was taken following any incidents. The service needs to ensure this is sustained and maintained to ensure people's safety and wellbeing.

We found evidence of necessary legal documentation within the care plans we sampled. File audits identified where legal documentation needed to be placed within files as an action in progress.

**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 ensure that people benefit from open and transparent leadership, the provider should, implement the guidance in the document 'Adult care services: Guidance on records you must keep and notifications you must make'. This is in order to keep the Care Inspectorate updated on important events.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11); and

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

**This area for improvement was made on 10 April 2025.**



**Action taken since then**

Relevant notifications were being made to the Care Inspectorate which evidenced appropriate actions were being taken, in line with best practice.

**Previous area for improvement 2**

To promote safety and wellbeing of staff during their core working hours, the provider should improve how they support staff, in particular at weekends.

This is to ensure that care and support is consistent with 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 and unexpected event'. (HSCS 4.14); and

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any unknown vulnerability or frailty'. (HSCS 3.18).

**This area for improvement was made on 10 April 2025.**

**Action taken since then**

We identified an appropriate response had been made by this service to support the safety and wellbeing of staff during core working hours and weekends. We discussed with the provider plans to introduce a more robust and consistent response to ensure the safety and wellbeing of staff. The service had recognised that staff need to feel safe and secure in the competency, knowledge, and the guidance provided by an out of hours service.

**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?                                                    | 3 - Adequate |
| 1.3 People's health and wellbeing benefits from their care and support                        | 3 - Adequate |
| 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 |
| How well is our care and support planned?                                                     | 3 - Adequate |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes                    | 3 - Adequate |

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