

Disability Resources Support Accommodation Service Housing Support Service

Glaitness Centre
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Unannounced

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Service provided by:
Orkney Islands Council

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About the service

Disability Resources Support Accommodation Service is registered to provide housing support and a care at home service to adults in the Glaitness sheltered housing development. There are eight individual flats, with one being offered for respite care. People living in the flats can also access the Glaitness day care facility in addition to being supported in the wider community.

The management team and staff are based within the Glaitness day care facility and are available to provide responsive support on a 24/7 basis.

The registered provider is Orkney Islands Council.

About the inspection

This was an unannounced inspection which took place on 15 to 18 September 2025. 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 three of their family
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People experienced warm and compassionate care from staff who developed meaningful relationships with them.
- People were involved in decisions about their care and supported to make choices about what they wanted to achieve.
- Staff responded flexibly to support positive outcomes for people and recognised changing health needs.
- Staff did not feel well led and did not feel supported in their role by leaders and higher management.
- Staff worked well together as a team and were competent and skilled.
- People and families were involved in reviewing people's care and support.
- People's wishes and outcomes were detailed in their care plans and tailored to meet their individual 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?	5 - Very Good
How good is our leadership?	3 - Adequate
How good is our staff team?	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?

5 - Very Good

We evaluated this key question as very good, where significant strengths supported positive outcomes for people.

People experienced warm, compassionate care from staff who knew them well and understood their needs. People's choices were respected and staff showed an understanding of communication preferences based on trusted relationships with the person and their family. We observed staff supporting people with a focus on positive outcomes and discussed with the provider how skills in being person-centred rather than task focused can be mentored in developing staff new to health and social care. One staff member told us, "It is incredibly person-centred and each person's care is so different" and another confirmed, "It is a lovely, small, very person-centred service". This meant people were at the heart of their own care and support and enabled to make choices that were important to them as individuals.

Staff recognised changing health needs and shared this information with external professionals. This ensured people were receiving the right health care at the right time from the right people. External professionals expressed feeling confident in the support provided and that any needs were followed up. People felt reassured by staff that responded promptly if they needed assistance. One person told us, "They saved my life, I couldn't get a better team to support my autonomy and independence" and another confirmed, "I love my team and can talk to them". This meant people felt enabled to be well and happy.

People were supported to have as much control as possible over their own health and wellbeing with access to technology. Medication was administered professionally and health outcomes monitored such as, eating and drinking well. People's care plans benefitted from clear protocols for 'as needed' medication and guidance on how to respond to signs of deterioration in their health condition. This meant people were safe.

The service could improve by ensuring clear consents and legal documentation is in place for restrictive measures such as, bed rails. We discussed with the provider how updated paperwork was being progressed in this area to ensure best practice.

How good is our leadership?

3 - Adequate

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

Managers developed a detailed improvement plan and there were some systems in place to evaluate people's experiences. The quality of people's care and support was monitored by staff through regular auditing of key areas such as, medication and care plans. We discussed with the provider how the improvement plan needed to evidence self-evaluation and include how feedback from people, families and staff informs service development. We identified where this should improve. **(See Area for improvement 1)**

Staff working at the forefront of delivering care and support provided meaningful guidance and support for each other which ensured the consistency of the team. However, we heard concerns from staff about a leadership culture which was having a negative impact upon their wellbeing and ability to sustain positive outcomes for people using the service. One staff member told us, "Complaints and issues to higher management are not dealt with and often not responded to" and another confirmed, "I am not well supported, I have a few people who are giving me some support". When we spoke with other staff they shared this experience. We heard from families we spoke with how they recognised that staff were affected by changes within the service. This meant staff felt demotivated and morale was described by staff as low.

We heard about a lack of meaningful engagement from leaders with staff, people using the service and families. Families we spoke with expressed concern at not being informed promptly about changes within the service. Staff expressed concern that manager's decisions about staffing and resources were not effective. Leaders were not demonstrating collaboration with staff or an inclusive team approach by listening to their views and respecting different perspectives. This meant leaders and staff were not working together and staff felt they were not listened to and expressed feeling unable to sustain working in the current environment. We expressed our concern to the provider about the potential impact this could have on the stability of staffing within the service, which would have a negative impact on outcomes for supported people.

The leadership culture did not enable staff to feel safe in challenging issues or for their contributions and expertise to be acknowledged or appreciated. We would strongly encourage the provider to use this feedback as an opportunity to meaningfully engage with a staff team who expressed genuine care and commitment for their work and to people supported within the service.

We discussed feedback from staff with the provider, who expressed concern about how the staff team was feeling and assured us that higher management would be taking action to address the issues raised. We identified where this must improve. **(See Requirement 1)** We will review progress at the follow-up inspection.

Requirements

1. By 31 December 2025, the provider must ensure leadership is having a positive impact on staff who are well led and supported within their role.

To do this, the provider must, at a minimum:

- a) Ensure leaders have the skills, knowledge and experience to engage meaningfully with staff and take a collaborative approach to planning and delivering people's care and support. This includes leaders adapting their leadership style to help motivate staff to deliver high-quality care and support.
- b) Ensure leaders role-model a team approach by acknowledging, motivating, encouraging and appreciating staff efforts and contributions while instilling a culture in which it is safe to challenge.
- c) Ensure leaders recognise the importance of sharing ideas in a relaxed and supportive environment and encourage equality of opportunity among staff.

This is to comply with Regulation 7(1)(c) 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 use a service and organisation that are well led and managed' (HSCS 4.23); and

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

Areas for improvement

1. To ensure people have confidence in the organisation providing their care and support, the provider should evidence self-evaluation activities as part of the service quality assurance.

This should include but is not limited to, ensuring self-evaluation is informed by feedback from people using the service, their families, staff and external professionals and evidenced within the service improvement plan.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8); and

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

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 outweighed areas for improvement.

Managers used an effective process for assessing how many staff hours were needed to support people safely. We heard how the service was small but busy and observed how staff worked hard to accommodate people's needs and wishes. One staff member told us, "It's busy but we do have that allocated time to build relationships" and another confirmed, "Generally our care is really good and of a high standard; we have time to spend with people." This meant people benefitted from meaningful interactions with staff who had time to be with them. We discussed with the provider a situation where scheduling may need to be reviewed, as accommodating one person's request was having an impact for another person's support.

People benefitted from the right number of staff with the right skills who were working at the right times to support their outcomes. One person told us, "It's a very good team with the right balance of older people and young people coming in and it's refreshing to see a team work well together" and another confirmed, "Staff have worked hard to put a good team together". However, allocated times to support outcomes for people was sometimes being used by staff for updating support plans. Staff were struggling to identify protected time to keep essential paperwork up to date. One staff member told us, "I have no protected time for paperwork and have to fit it in amongst carrying out my shift which is difficult to manage" and another confirmed, "We have time to carry out the routines without rushing but the paperwork side of it is very difficult". We identified where this should improve. (Refer to key question 5)

Staff clearly understood their role and responsibilities and responded flexibly to changing situations to ensure care and support was consistent and stable. People using the service and staff benefitted from a warm atmosphere because of good working relationships between frontline staff. One staff member told us, "I love my job and working with supportive colleagues" and another confirmed, "The staff are a good team and support each other".

Staff were receiving regular supervisions and feedback about their practice. This meant staff were supported in their professional development. We discussed with the provider how access to training was being developed and improved. We heard concerns from some staff about how different learning styles needed to be accommodated and reflected in how they were trained to undertake their role. We identified where this should improve. **(See Area for improvement 1)**

We discussed induction procedures for new staff with the provider and communication from staff when handing over essential information to each other between shifts. We were informed of improvements to be implemented to address staff and family concerns in this area. We discussed with the provider how ensuring opportunities for staff to discuss their work were arranged, including night staff and understood that meetings have been planned to address this feedback.

Areas for improvement

1. To ensure people have confidence in the organisation providing their care and support, the provider should ensure that there is a range of approaches to suit different learning styles for staff and support their professional development.

This should include but is not limited to, ensuring each staff member has their own learning plan that is reviewed and updated and staff are mentored within their role to apply training in their practice.

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

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 outweighed areas for improvement.

People's personal plans and risk assessments were detailed, clear and enabled support to be delivered effectively. One family member told us, "The keyworker is amazing and has brought the paperwork up to scratch" and a staff member confirmed, "Care is really good and very focused on being inclusive of all people's different abilities". We heard how staff struggle to have sufficient time to update people's plans, which is vital to ensure their care and support reflects their outcomes and wishes. We identified where this should improve. **(See Area for improvement 1)**

People and families were involved in regularly reviewing their care and support, with involvement from external professionals. One family member told us, "Staff are very helpful and are able to be an independent perspective" and a staff member confirmed, "People receive a very person-centred approach to their care which is reviewed regularly". We discussed with the provider how ensuring direct feedback from people as part of their review could be further documented. Leaders and higher management should use feedback from people, families, staff and external professionals to inform the vision for the service. We identified where this should improve. (Refer to key question 2)

We saw how a complaint was investigated well but it was unclear how complaints in general were logged. Managers did not provide further evidence to demonstrate how any complaints about the service were handled or the outcomes communicated to people or their families. We heard feedback from one family member that they were unsure of what had happened as a result of them raising a concern. This meant people were uncertain of whether an issue had been resolved or of any decisions about further action. We identified where this should improve and be aligned to best practice. **(See Area for improvement 2)**

Areas for improvement

1. To ensure people experience high quality care and support that is right for them, the provider should ensure that staff have protected time to update people's personal plans.

This should include but is not limited to, reviewing, evaluating and updating essential documents relevant to ensuring people's wishes, needs and outcomes are accurately reflected and recorded.

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); and

'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).

2. To ensure people have confidence in the organisation providing their care and support, the provider should ensure that all complaints are logged and the outcome of investigations communicated clearly to people and their families.

This includes but is not limited to, evidencing how learning from the complaint has contributed to ensuring positive outcomes for people.

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

'I know how, and can be helped, to make a complaint or raise a concern about my care and support' (HSCS 4.20); and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

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
2.4 Staff are led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	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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