

## Castlehill Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
6 November 2025

**Service provided by:**  
Simply Inverness Ltd

**Service provider number:**  
SP2019013321

**Service no:**  
CS2019375425

## About the service

Castlehill Care Home is a purpose-built facility for older people, located on the south-east outskirts of Inverness, approximately five miles from the city centre. The three-storey building is set within its own grounds, which include an enclosed inner courtyard. There are balconies on the upper floors of the home, and some ground floor rooms open directly onto a patio within the courtyard. All bedrooms include en suite facilities.

At the time of inspection, the ground floor was closed for refurbishment and all residents were living on the middle and top floors of the home. A lift is in place to enable access between floors. Each floor has communal lounge and dining areas, and separate kitchenettes for preparation of snacks and hot drinks. The home has a salon and cinema room available for use. The home includes on-site laundry and kitchen facilities, with most meals prepared in house.

The provider is Simply Inverness Ltd, part of the Morar Living group.

## About the inspection

This was an unannounced follow up inspection which took place between 2 and 5 November 2025. The inspection was carried out by three 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 to or spent time with 42 people using the service and nine of their relatives/representatives
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Progress had been made in relation to outstanding requirements and areas for improvement.
- Further improvements were needed in relation to infection prevention and control.
- Some legal and consent documentation in the service required review or update.
- The new registered manager was proactive and supportive of improvements in the service.

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

### Requirements

#### Requirement 1

By 31 July 2025 the provider must ensure that all data, including people experiencing care and staff personal data, is appropriately stored and protected.

In particular, but not exclusively, you must ensure that:

- a) There is a review of the current practices, policies and processes relating to the management of personal data and GDPR; and ensure these are fully implemented and monitored in line with current best practice.
- b) That all staff who have responsibility for the management of personal data and have the necessary skills and knowledge to be practicing safely at all times and that they have a clear understanding of their role and Responsibilities.

This is to comply with Regulation 4(1)(a) and (b) (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 care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions' (HSCS 4.4).

**This requirement was previously not met, and had been extended to 31 October 2025.**

**This requirement was made on 24 June 2025.**

#### Action taken on previous requirement

The nurse stations and duty rooms were found to be locked when not in use during inspection visits, this meant sensitive information and documents were kept safe and secure. Staff showed an active awareness of the importance of ensuring nurse stations were secured.

Care notes recorded on the service's digital 'Care Control' system were found to relate to the intended person, and relatives reported the accuracy of notes had improved recently.

**Met - outwith timescales**

## Requirement 2

By 31 October 2025, the provider must ensure that people's health, welfare and safety are promoted and protected through appropriate infection prevention and control procedures.

In particular, but not exclusively, you must ensure that:

- a) There is a robust system of quality assurance and oversight; ensuring that measures in place comply with your legal responsibilities around infection, prevention, and control.
- b) Staff responsible for providing direct care to residents have their knowledge of and competency in infection control practices regularly assessed.
- c) Where issues with staff knowledge and/or practice are identified, there are clear protocols in place to address these.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Regulation 4(1)(a) and (d) – Welfare of users

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).

**This requirement was made on 12 September 2025.**

### Action taken on previous requirement

Infection prevention and control (IPC) audits had been carried out in the service in recent months and these covered the standard infection control precautions. We found some information within the audits to be missing, however, they had identified some practice issues relating to the use of personal protective equipment (PPE).

During the inspection we could not be assured that staff were consistently following IPC protocols, such as undertaking regular hand hygiene measures and the appropriate use of PPE. We did not find evidence that regular observations were being undertaken in relation to IPC practice which should be used to identify any issues relating to staff knowledge or compliance.

**This requirement had not been met, and has been extended to 14 December 2025.**

**Not met**

## Requirement 3

By 24 June 2025, the provider must ensure you keep people safe and healthy by ensuring medication is handled and administered correctly.

You must, at a minimum:

- a) Carry out a medication audit to establish a baseline which identifies what improvements are necessary and implement those.

b) Ensure that people administering medication are suitably trained and that they have had their competency assessed.

c) Notify the Care Inspectorate of all medication errors in accordance with the Care Inspectorate's 'Guidance on records you must keep and notifications you must make'.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), section 53(6) of the Act and section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care and support are 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); and

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

**This requirement was previously not met and was extended to 31 October 2025.**

**This requirement was made on 24 June 2025.**

### Action taken on previous requirement

The service demonstrated how key performance indicators for the administration of medication were being monitored, this included oversight of medication administration outcomes, PRN ('as required') medications, and monthly analyses. Additional checks had been put in place to ensure time-critical medication was closely monitored, and these were discussed regularly at daily flash meetings.

Staff competency checks had been undertaken recently and these included feedback and discussion with staff, this promoted reflection and identified future learning needs.

Recent notifications required to be submitted to the Care Inspectorate relating to medication have been made.

**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

The provider should ensure that residents, relatives and visitors are able to recognise and easily identify staff working in the service. In particular people who have visual or cognitive impairment should be

supported to identify staff who are providing them with direct care and support. The supports should include but is not limited to the wearing of appropriate name badges for staff, and staff verbalising their names so residents are aware of who is supporting them.

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

'I feel at ease because I am greeted warmly by people and they introduce themselves' (HSCS 3.6).

**This area for improvement was made on 13 August 2025.**

## Action taken since then

Staff were consistently wearing their name badges during inspection visits, which helped them to be identifiable to people living in the home and visitors. The service had introduced a noticeboard on each floor with the names of the staff on shift that day, and intended to also include staff photographs on this to make it easier for people to recognise members of the staff team.

**This area for improvement had been met.**

## Previous area for improvement 2

In order to ensure people's health and wellbeing was promoted and protected, the provider should ensure that:

- a) All legal authorisations were in place for people who were deemed to have limited capacity to make decisions, including AWI certificates, copies of Power of Attorney and Guardianship Orders, and a copy of the powers agreed and delegated to the care home.
- b) Review these documents at all future reviews to ensure that these remained in date and valid.
- c) Prompt action was taken where changes in the powers or authorisations were needed or incapacity certificates required to be renewed.

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 13 August 2025.**

## Action taken since then

We sampled legal documentation and found that progress had been made in relation to collating and monitoring this, this is important to ensure that legal documentation can be readily available when needed, for example, for consent for treatment from visiting professionals.

During sampling we found some documents which required updates or further attention, for example, copies of the powers agreed were not always present, and some documents required a review or update, this had not been picked up through internal audits.

We also discussed with the service the need for the appropriate assessments and consents required for equipment and measures considered restrictive, such as wheelchair lap belts or motion sensors, as we did not find sufficient documentation in place for this. We asked the service to ensure these were completed and consent was provided by those with the legal authority to do so.

**This area for improvement has not been met and remains in place.**

## Previous area for improvement 3

To support people's health and wellbeing, the provider should ensure people experienced safe and comfortable temperatures within the home. In order to achieve this the provider should;

- a) Ensure indoor temperatures are kept within a recommended temperature range.
- b) Regularly monitor heating and cooling systems.
- c) Use accessible and accurate temperature monitoring devices to help maintain appropriate climate levels.
- d) Complete risk assessments and regular review for people particularly vulnerable to temperature extremes and implement specific measure for their protection.
- e) Ensure staff are trained to recognise signs of overheating and hypothermia.

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

'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes' (HSCS 5.21).

**This area for improvement was made on 13 August 2025.**

## Action taken since then

The service had fitted thermometers in each bedroom to allow temperatures to be checked and monitored more easily. Checklists and documentation relating to measures which should be taken by staff when extreme temperatures were experienced, were now in place.

We observed staff responding appropriately to an increase in temperature in communal areas of the home by utilising air conditioning units and checking that people were wearing suitable clothing to ensure they remained comfortable.

During inspection visits there were no instances of extreme or hot weather so we were unable to observe some aspects of the guidance in place being followed, we have asked the service to ensure this is monitored and actioned should the need arise.

**This area for improvement has been met.**

## Previous area for improvement 4

To support positive outcomes for people, ensure people's care and support is person-centred and provided in a planned and safe way, the service should ensure, as a minimum:



- a) The care planning process is tailored to a person's care and support needs as well as their interests, abilities, history and personality.
- b) Personal plans include outcomes which are important to people.
- c) There are systems and processes in place to ensure important information about people's care and support needs is shared or passed on accurately to the whole team, including new and/or agency staff.

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 13 August 2025.**

#### Action taken since then

Everybody living in the home had a unique care plan in place, which included important information about their life story, improvements were noted in the language and content of these documents. There was evidence that health-based risk assessments had been completed and reviewed regularly, and that these were used to inform updates to care plans. Whilst some care plan sections were awaiting updates of immediate changes, on the whole we found documentation to be recent and up-to-date.

Care plans set out, expected outcomes for people and how they would be supported to meet these. Due to improved communication in the service, such as handover and flash meetings, staff told us that they had a better understanding of the content of people's care plans now.

**This area for improvement has been met.**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

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