

## Telford Centre (Care Home) Care Home Service

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Fort Augustus  
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**Type of inspection:**  
Unannounced

**Completed on:**  
16 October 2025

**Service provided by:**  
NHS Highland

**Service provider number:**  
SP2012011802

**Service no:**  
CS2012307272

## About the service

The Telford Centre (Care Home) is registered to provide a care service to a maximum of 10 older people, including respite care for adults with sensory and physical impairments. The service is provided by NHS Highland.

The Telford Centre is in Fort Augustus, within a two storey, purpose-built building in a quiet, residential area, close to local amenities and transport links. The care home has 10 en-suite rooms with communal seating and an open-plan dining area. There is a smaller kitchen area and lounge for people to use and a spacious bathroom, equipped to support people with their needs. The first floor can be accessed using the stairs or passenger lift. There is a large, well-maintained garden to the rear of the building.

At the time of inspection, the service was caring for nine people.

## About the inspection

This was an unannounced follow-up inspection which took place on 13 to 16 October 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 six people using the service and four of their family
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Monitoring the health and wellbeing of people living with dementia had improved and people benefited from support provided to the service by external professionals.
- Meaningful activities for people were improving, and the service had made connections with external groups to further enhance opportunities for local connections.
- Recordings and monitoring of topical medication administration by staff had improved.
- Managers were using effective quality assurance processes to monitor and evaluate people's experience of their care and support.
- Staff were receiving supervision and progress had been made on developing a culture of reflective practice.
- Staffing pressures had been addressed by sourcing temporary staff but remained an area where further monitoring and consistency were required.
- Reviews of people's care and support were taking place and were planned.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	4 - Good

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

## How well do we support people's wellbeing?

4 - Good

At the last inspection we made three areas for improvement in relation to people's health and wellbeing.

We found positive signs of improvement in monitoring and supporting people's dementia care and in the recording of topical medication administration. These areas of improvement were met.

The service had made progress with ensuring people benefit from meaningful activities, including support from external groups and organisations. Due to the limited time the service has had to complete this area for improvement, it will remain in place and be considered at the next inspection.

Further details of the actions taken in response to the three areas for improvement can be found in the section, "What the service has done to meet any areas for improvement we made at or since the last inspection".

## How good is our leadership?

3 - Adequate

At the last inspection we made a requirement about leadership in terms of quality assurance systems and processes.

This requirement has been met. Managers evidenced improvement in the monitoring of quality assurance and using self-evaluation to inform further improvements within the service. To ensure this improvement is sustained, we have not made an uplift in our evaluation at this time and it will be reviewed at the next inspection.

Further details on the progress made since the last inspection can be found in the section "What the service has done to meet any requirements we made at or since the last inspection".

## How good is our staff team?

3 - Adequate

At the last inspection we made a requirement about staffing arrangements.

The requirement has not been met. Further details on the progress made since the last inspection can be found in the section "What the service has done to meet any requirements we made at or since the last inspection".

We heard concerns from both families and staff about the consistency of staffing within the service and quality of care and support provided at weekends. We discussed this with the provider, who were planning how to ensure staffing was effectively monitored during these times. We identified where this should improve (see area for improvement 1).

## Areas for improvement

1. To ensure people experience high quality care and support that is right for them and have confidence in their staff, managers should monitor the quality and consistency of care at weekends.

This should include, but is not limited to, ensuring any temporary staff are fully informed of people's care needs and supported in their practice by the regular staff as part of their induction into 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 meets my needs and is right for me' (HSCS 1.19) and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

## How well is our care and support planned?

4 - Good

At the last inspection we made one area for improvement in relation to reviewing people's care and support.

Managers were ensuring reviews were either taking place or were planned. Due to the limited time the service has had to complete this area for improvement, it will remain in place and be considered at the next inspection.

Further details of the actions taken in response to this area for improvement can be found in the section, "What the service has done to meet any areas for improvement we 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 30 September 2025, the provider must ensure that people experience a service which is supported by effective governance in maintaining a culture of continuous improvement, underpinned by established quality assurance processes.

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

- a) Ensure service managers have the time and capacity to identify risks, plan appropriate actions to address these and drive improvement.
- b) Demonstrate how actions are taken to address any identified improvements.
- c) Ensure the improvement plan is updated to reflect ongoing improvements and their progress, including results of self-evaluation, audits and feedback from people.
- d) Evidence how the service uses quality assurance to evaluate people's care experiences and how this informs service improvement.
- e) Evidence how the service uses quality assurance to evaluate the effectiveness of supervision, training and professional development of staff.

This is to comply with Regulations 3 and 4(1)(a) 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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and '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 4 June 2025.**

#### Action taken on previous requirement

This requirement has been met. Managers demonstrated how the service improvement plan had been followed up with both progress and outstanding actions identified. The service was actively seeking the views of people within the service, their families, staff, and external professionals to inform their evaluations of how the service was performing. Audits were being completed, and managers had used quality assurance tools to align with best practice. There were clear processes and systems in place to monitor how people experience their care and support.

We did not re-evaluate this key question due to ensuring the improved systems and processes have been sustained over a longer period. We will review this requirement at the next inspection.

### Met - within timescales

#### Requirement 2

By 30 September 2025, to ensure that people's care and support needs are met and staff benefit from a culture of reflective practice and continuous learning, the provider must review staffing arrangements and support staff development.

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

- a) Ensure they use, review, and update appropriate assessments of the staffing levels so people benefit from care and support responsive to their changing needs throughout the day and night.
- b) Ensure managers have time and capacity to perform their leadership and management responsibilities. This includes reviewing management support for the service.
- c) Regularly assess and review people's care and support needs, demonstrating how this is used to inform staffing arrangements.
- d) Ensure staff supervision is held in line with organisational guidelines and best practice to promote individual learning and identify and review staff training needs. This includes practice observations to support staff with feedback as part of their continuous professional development.
- e) Re-instate regular team meetings which are used for effective communication and consistency of approach in supporting people. This includes, involving staff in service developments and sharing ideas to further improve people's experiences of care.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019 and Regulation 4(1)(a) 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 Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15); and '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 4 June 2025.**

#### Action taken on previous requirement

This requirement was not met. The service had made progress with staff supervisions and additional support was available for the managers. Team meetings were taking place and practice observations had either started or were planned. We heard how staffing had improved with the sourcing of agency and bank staff.

However, we heard continued concerns about consistency of staffing levels and consistency in the quality of care and support provided, particularly at weekends. We identified where this should improve (see key question 3 "How good is our staff team").

We discussed contingency planning with the provider following a recent adverse weather event and how learning from that experience will inform how the service is better supported during a crisis or emergency.

We will review this requirement at the follow-up inspection. The requirement deadline has been extended to 16 January 2026.

**Not met**

## 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 people living in the care home experience high quality care and support that is right for them, the service should continue to promote best practice in dementia care.

This should include but is not limited to:

- a) continuing to monitor changes to people's health and wellbeing and updating their care plan
- b) accessing professional guidance, support and training tailored to people's unique individual needs
- c) reviewing staffing levels to ensure people living with dementia receive the right care at the right time to meet their needs and wishes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13);and 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

**This area for improvement was made on 4 June 2025.**

#### Action taken since then

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

We found evidence of how professional guidance had supported the service to monitor and respond to people's needs. The service had secured additional funding to provide enhanced staff support for an individual living with dementia. Care plans were being reviewed and updated.

#### Previous area for improvement 2

To ensure people living in the care home experience high quality care and support that is right for them, people should have more opportunities to engage in meaningful activities that promote their wellbeing.

This should include but is not limited to, accessing community groups and resources, taking into consideration both individual and group interests.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10); and 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

**This area for improvement was made on 4 June 2025.**

#### Action taken since then

**This area for improvement has not been met.**

The provider has made progress in ensuring each individual has a person-centred activity plan, which is reviewed and updated, and contacted external groups and organisations. We are confident in the commitment of the service to continuing to embed activities as a core part of how all staff care and support people. In view of the limited time the service has had to complete this area for improvement, we will review it at the next inspection.

### Previous area for improvement 3

To ensure people living in the care home experience high quality care and support that is right for them, people's topical medicine administration recordings should accurately reflect their needs.

This should include but is not limited to:

- a) Consistent and accurate recording, including body maps, frequency of application and clear directions on how the topical medication is to be applied.
- b) Accurate recording in relation to how often a person's skin should be checked and what areas staff are checking.
- c) Actions identified by management audits are to be followed up, so people receive responsive care, and staff are supported in their practice.

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

**This area for improvement was made on 4 June 2025.**

#### Action taken since then

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

Recording of topical medication administration was clear and accurate. Daily checks were being undertaken and audits being completed by managers.

## Previous area for improvement 4

To ensure people experience high quality care and support that is right for them, and they are as fully involved as possible in decisions about their care and support, the provider should ensure that review meetings are held a minimum of every six months.

This should include but is not limited to:

- a) A summary of the discussion with details of any decisions and actions taken to support positive outcomes for people.
- b) Involvement of people and their family or legal representatives where appropriate.
- c) Reviewing health changes and people's goals for getting the most out of life. This includes discussion for future planning that reflects people's wishes.
- d) Reviewing communications and involvement of other professionals to ensure clarity of information and timeous responses to assist in health assessments.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12); and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS2.17).

**This area for improvement was made on 4 June 2025.**

### Action taken since then

**This area for improvement has not been met.**

The service has made progress in reviewing people's care and support. Managers were ensuring that review meetings were taking place, and the next meetings were planned. In view of the limited time the service has had to complete this area for improvement, we will review it at the next inspection.

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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