

Gortanvogie Residential Home Care Home Service

Gortanvogie Road
Bowmore
Isle of Islay
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Telephone: 01496 810 338

Type of inspection:
Unannounced

Completed on:
10 October 2025

Service provided by:
Argyll and Bute Council

Service provider number:
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Service no:
CS2003000447

About the service

Gortanvogie Residential Home is registered as a care home for older people. This rural service is owned and managed by Argyll and Bute Health and Social Care Partnership.

The service is situated in Bowmore on Islay and the island's cottage hospital is housed in the adjacent building. There is some sharing of resources and access to facilities management for laundry, meals and domestic services.

Each room has its own ensuite facilities. There is an open-plan dining room and lounge, as well as smaller quiet rooms available.

The care home provides 24-hour residential care for up to 16 older people, this includes one place for short term respite care. Eight people were using the service during this inspection.

About the inspection

This was an unannounced inspection which took place on 7 October between 12:00 and 21:00 and 8 October between 08:30 and 17:00. 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 three of their family
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with five visiting professionals
- considered the returned Care Inspectorate survey questionnaires completed by eight people using the service, two relatives and two staff.

Key messages

- People's physical and emotional health were well supported through tailored care, nutrition, and empathetic responses.
- Staff helped prevent issues such as pressure ulcers by escalating concerns where appropriate.
- Staff delivered kind, respectful care that promoted dignity and independence.
- Families felt welcomed and described the service as life-changing and community-like.
- Activity provision was limited during the 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	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?

4 - Good

We evaluated this key question as good, where several strengths positively impacted outcomes for people and clearly outweighed areas for improvement. These strengths had a noticeable impact on people's experiences and outcomes.

People experiencing care should expect support that promotes their health and wellbeing in a safe, kind and person-centred way. We saw that the service made a clear and positive difference to people's lives. Staff understood people's needs well and supported them in ways that respected their dignity, encouraged independence and helped them achieve what mattered to them.

Staff supported people's physical health well. Staff completed and updated risk assessments for falls and mobility. People had the right equipment and were encouraged to stay active. People experiencing care could move around the home and use the garden. Staff helped prevent pressure ulcers by following skin care plans, using pressure-relieving equipment and replacing mattresses when needed. District nursing staff told us that attention to skin integrity was good, and that staff contact them promptly if needed.

Staff regularly assessed people's nutritional needs and monitored their weight each month to help identify any changes. Meals were home-made, tailored to individual dietary requirements, and looked appetising. People were offered choices and were seen enjoying their meals in a relaxed, social, and respectful atmosphere.

Staff gave personal care in a respectful and unhurried way, based on each person's preferences. They gave medication privately in people's rooms, stored it safely and kept clear records. We saw good practice in how they managed and gave medication.

Staff treated people's emotional wellbeing as just as important as their physical health. They responded with empathy when people felt upset or distressed. People looked settled and well supported. Families told us they felt reassured and confident in the care their loved ones received. One family member described their relative's move to the service as a 'game changer' for the whole family. "We are always made to feel comfortable and part of the community. It's like an extended family and nothing is too much trouble".

Staff knew people well and understood how they communicated. They involved families and made them feel welcome. Daily handovers and clear records helped the team stay informed and work well together.

We saw some good examples of activities, including a display board and photos of past events. However, we observed no activities happening during our visit. People and staff said more activities would help improve wellbeing. The minibus was used rarely because of staff shortages. This lack of activities may contribute to reduced physical and emotional wellbeing.

Staff understood how to keep people safe. They were trained in Adult Support and Protection and professional boundaries and felt confident to report concerns. Staff said they were encouraged to speak up. This helped create a safe and open culture.

How good is our leadership?**4 - Good**

We evaluated this key question as good, where several strengths positively impacted outcomes for people and clearly outweighed areas for improvement. These strengths had a noticeable impact on people's experiences and outcomes.

People should expect that services have systems in place to check how well care is being delivered and to make improvements when needed. We saw that the provider had active quality assurance processes and a strong commitment to continuous improvement.

The service had a detailed improvement plan in place, with clear targets and timescales. Staff felt encouraged to take part in shaping changes, and there was a clear drive to improve. Although systems were not yet applied consistently, the overall direction was positive and showed momentum toward building a culture of continuous improvement.

Senior staff carried out monthly audits using a structured format. These covered key areas such as medication, care plans and environmental safety. Audit folders were well organised and showed regular input from senior staff. Care plan audits included references to individual outcomes, helping to ensure that support remained focused and person-centred. Senior staff stated that they had received useful support from the manager to build confidence in these areas. "Initially I felt audits were challenging, but the manager provided clear guidance and reassurance which has improved my confidence".

The small size of the service has helped it respond quickly to feedback from people, families and professionals. Staff and families felt comfortable raising concerns, and the open-door approach helped build trust. The service had worked to improve communication in response to staff feedback. National Health Service (NHS) managers responsible for the provision of catering and cleaning services reported improved communication.

How good is our staff team?**4 - Good**

We evaluated this key question as good, where several strengths positively impacted outcomes for people and clearly outweighed areas for improvement. These strengths had a noticeable impact on people's experiences and outcomes.

People should expect that staff have the right skills, values and numbers to meet their needs. We saw that staff were caring, committed and worked well together.

People we spoke to described staffing levels as a challenge. Several sources noted a reliance on agency staff, which affected consistency. Some staff felt levels were manageable, while others reported strain and lower morale. Despite these pressures, people continued to receive good care, and staff remained dedicated to their roles. (See area for improvement 1).

Relationships were strong between staff and the people they supported. All relatives that we spoke to praised the care provided by staff and the positive atmosphere in the service. "I wouldn't change anything about the staff. They are kind, and the way they share jokes with people really contributes to their wellbeing". One professional described the service as a lovely place. "People are happy and well cared for, and staff are extremely attentive. The atmosphere is always inclusive and positive". As a result, people experienced a genuine sense of belonging and good quality of life within the home.

Teamwork and communication were strong. Staff carried out thorough daily handovers, which helped maintain continuity of care. They used communication books and verbal updates effectively. Seniors and carers worked together on audits and care planning, sharing responsibility and supporting each other.

Most staff said that they felt training was good and gave them the skills to undertake their roles. Staff had access to online training and supervision. Protected time had been introduced to support staff to complete this online training, and there was a clear commitment to staff development. Agency staff, however, did not always have access to the same training, which led to differences in practice and knowledge.

While training was available online, and some staff had protected time to complete it, there was no reliable system to monitor progress or ensure compliance.

We noted that the service had not fully progressed a previously identified area for improvement relating to dementia training and individualised training plans. We did not see any negative impact on outcomes for people using the service, and staff were observed to manage stress and distress well. This suggested that core competencies in dementia care were being applied in practice. However, records showed that not all staff had completed dementia training, and individual training plans were not consistently maintained. This made it difficult to ensure training was tailored to individual roles. Dementia training remains important to support best practice and ensure that staff are equipped to meet the evolving needs of people living with dementia. Improvements in record-keeping would help demonstrate compliance and progress in this area.

Areas for improvement

1. To ensure people are supported by a stable and consistent staff team, the provider should take steps to recruit and retain sufficient permanent staff to provide continuity of care. In the interim, the provider should continue where possible to block-book agency staff to maintain continuity of support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the the service or organisation' (HSCS 4.15).

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths positively impacted outcomes for people and clearly outweighed areas for improvement. These strengths had a noticeable impact on people's experiences and outcomes.

People should expect to live in a setting that is clean, safe, and welcoming, with facilities that support comfort, dignity and independence. We saw that the home provided a well-maintained and pleasant environment, with strong attention to detail in how spaces were presented and used.

Cleaning staff followed the National Infection and Prevention Control Manual for Care Homes (NIPCM) used single-use products, and had appropriate training. Enhanced cleaning protocols were in place during outbreaks, helping to keep people safe.

The atmosphere was warm and inviting. The building was well decorated, with personal touches such as resident photos. Bedrooms reflected individual identities and were personalised. The lounge area was lively, with music and conversation creating a positive and sociable setting. People described the building as a lovely place, with one person saying she would give her room "ten out of ten". This helped people feel at home, supported their wellbeing, and encouraged social connection.

The layout of the home supported independence. Its square design allowed residents to move freely, and a secure, enclosed garden was accessible and used regularly. The service had one shared bathroom with a bath to facilitate choice, however, the one bath available had been out of order for over two years. While alternative facilities were available, the absence of a working bath may limit personal choice and comfort for some people. (See area for improvement 2).

Facilities and equipment were well managed. Maintenance followed a clear system, and maintenance staff felt supported in accessing the tools they needed.

Areas for improvement

1. To support people's dignity, choice, and personal care needs, the provider should ensure that people have access to a working bath within the premises.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people' (HSCS 5.28).

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 clearly outweighed areas for improvement.

People should benefit from care plans which are person-centred, up to date and reflect their rights, preferences and desired outcomes.

We found that care plans captured people's needs, daily routines and desired outcomes well. Staff understood clearly what mattered to each person and tailored support that promoted comfort and independence. A working group, which included senior staff, had been established to review the care plan paperwork and introduce electronic records. The group had not finished this work and not all care plans had yet been updated, so in some instances staff were still relying on older, harder-to-follow plans. However, we found that the care people received during this transition phase was not adversely affected.

Risk assessments for falls, nutrition, hydration and skin integrity informed day-to-day care so staff anticipated hazards and acted to maintain people's health and prevent avoidable harm. One professional told us "Staff are very good at identifying risk and are focussed on skin integrity. Their assessments are robust and there have been no incidents at all of people suffering pressure sores".

Formal reviews took place six-monthly, or earlier if required. When reviewing care plans, people and their families were consulted about their wishes and outcomes, so care reflected current preferences. People felt involved in decisions about their support, and families reported that they were routinely asked for input into their loved ones' care and support.

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

In order to continue the improvement journey the provider should ensure that quality assurance is led well. This will ensure that people experience consistently good outcomes. The registered manager should ensure that action plans are not only passed on verbally, but recorded and accessible to all care staff. This will ensure that the staff team know how to achieve the best 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 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 17 April 2025.

Action taken since then

The service had developed clear written action plans with timescales and named staff responsible for each task. These plans were accessible, so everyone knew what needed to be done. The service also introduced monthly audits, carried out by senior carers. These audits were reviewed by the manager and used to update the action plan helping the manager stay on track.

This area for improvement has been met.

Previous area for improvement 2

To ensure that people receive support from a confident and knowledgeable workforce the provider should ensure that Dementia awareness training is available for all staff. The registered manager should ensure that each staff member has an individual training plan in place that is clearly recorded, accessible to them and identifies what each individual's learning needs are.

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 area for improvement was made on 17 April 2025.

Action taken since then

Several staff had not completed dementia training. Individual training plans were not kept up to date, and training records were not easy to track. This makes it difficult to monitor staff development and ensure everyone has the skills needed to support individuals effectively and in line with good practice.

This area for improvement has not been met.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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