

Wyvis House Care Home Care Home Service

Station Road
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Type of inspection:
Unannounced

Completed on:
12 December 2025

Service provided by:
Wyvis House Care Home Ltd

Service provider number:
SP2005007319

Service no:
CS2008188661

About the service

Wyvis House Care Home is registered to provide a care home service to up to 50 adults and older people, some of whom may have dementia, mental health problems and/or physical and sensory impairment. The provider is Wyvis House Care Home Limited.

The care home is located in a three-storey, purpose built building in the town of Dingwall. Public transport links are easily accessible and local amenities in the town are within walking distance from the home.

The accommodation is provided across two floors. Bedrooms are of a good size and provide en-suite toilets and showers. There are two double bedrooms which can accommodate couples or people who wish to share a room. Communal spaces on both floors include sitting rooms, dining rooms, assisted bathrooms and wet rooms and toilet facilities. There is a small and safe enclosed garden area to the front of the building where people can sit.

At the time of our visit there were 49 people living in the care home

About the inspection

This was an unannounced inspection which took place between 9 and 12 December 2025. The inspection was carried out by two 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 and/or engaged with twenty-eight people using the service, and eighteen of their family or friends;
- spoke with twenty-four staff and management;
- obtained feedback from seven visiting professionals;
- observed practice and daily life;
- reviewed documents.

Key messages

- People are supported by a stable staff team who know people's needs and preferences.
- People benefit from a purpose-built and homely environment.
- Environmental improvements had been made with ongoing plans for refurbishment.
- The manager has been in post for 1 year and, along with the deputy manager, has introduced some improvements and has the support of the staff team.
- The frequency of care plan reviews should be improved.
- Care planning should be improved for people experiencing stress/distress.

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?	4 - Good
How good is our staff team?	5 - Very 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?

5 - Very Good

In this part of the inspection report we considered one quality indicator. We evaluated this key question as very good, where there are major strengths in supporting positive outcomes for people.

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

People should expect to be treated with compassion, dignity, and respect. We observed kind and compassionate care being provided by the staff team. Residents benefitted from the interaction of the entire staff team including management, care, domestic, kitchen and maintenance staff. A good balance was struck between supporting people and maximising each person's abilities. This helped maintain each person's level of independence. The residents spoke positively about the care and support they received and where communication was impaired we observed trusting relationships between residents and the staff team.

People should be confident they are supported by staff who know their needs and preferences well. The consistency of the carers demonstrated a commitment to building trusting relationships. This also allows staff to notice any changes and be responsive to any changes in the person's health and wellbeing. We observed that staff were recognising and reporting concerns to the management team. There were routine visits from professionals and staff accessed relevant professionals as and when the need arose. All of the people receiving the support and their families spoke about the positive, trusting relationships that had been established with the care staff.

People should be confident that they are safely supported with their medication needs. We found that there were safe and effective processes in place with appropriate protocols which were carried out in a dignified and private manner.

People should be supported with a varied and nutritious diet that is informed by their preferences. We observed a positive dining experience, where care had been given to the environment, the food options and people were involved in the menu planning. We observed meaningful engagement between staff and individuals. This was unhurried and staff enabled people to make choices. People spoke positively about the meals.

People should be able to have an active life and be supported to engage in meaningful connections. We found this to be planned and supported well. The activity coordinator facilitates individual and collective activities and this is recognised as a whole team approach. People benefitted from maintaining links with their local communities and engaged in activities which were regarded as being important to them. They also recently benefitted from accessing the secured garden and some trips.

How good is our leadership?

4 - Good

In this part of the inspection report we considered one quality indicator. We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator: 2.2 Quality assurance and improvement is led well

People should have confidence that the service and organisation that they use are well led and managed. The manager has been in position for a year and we were able to establish that the management team had introduced a number of changes in order to address the areas for improvement identified at previous regulatory activity. Throughout the inspection, we heard that there was a strong sense of confidence in the management team.

We found more transparent processes had been introduced to respond to accidents, incidents, and protection concerns. In addition, the management team undertook audits and these demonstrated a clear process of analysis and the necessary corrective actions. The frequency of these is not in line with the organisation's expectations and we encouraged the management team to review the audits and frequency to ensure that they are completed comprehensively and therefore more effective and meaningful to improvements. We also encouraged the management team to explore how to increase the opportunity to obtain feedback from residents and their families.

The service had an improvement plan. We spent some time with the management directing them to guidance and tools which would assist them in developing their improvement plan to be SMART (specific, measurable, achievable, relevant, time-based). The management should ensure that feedback from all stakeholders informs this plan. We also directed the management to introduce a self-evaluation of the Core Assurances as outlined in the Care Inspectorate Quality Framework for care homes for adults and older people. This would reflect a commitment to improved self-governance. This is an outstanding area for improvement (see "What the service has done to meet any areas for improvement we made at or since last inspection").

How good is our staff team?**5 - Very Good**

In this part of the inspection report we considered one quality indicator. We evaluated this key question as very good, where there are major strengths in supporting positive outcomes for people.

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together

People should experience care that is responsive to their needs and staff support them in a way that is dignified and promotes their independence. We found that there was very good communication between the staff team and care was delivered in a manner that was respectful, compassionate and caring.

The management team recognised the importance of complying with best practice for safer recruitment, induction, registration of staff, training and supporting staff to engage in a culture of professional development. From the point of recruitment, staff are provided with opportunities to talk with the management team. This included one-to-one meetings with the manager and team meetings providing opportunities to reflect and discuss practices and dilemmas and identify learning needs. Efforts should be made to ensure that the staff training in dementia is to the 'skilled' standard in the Framework for Excellent in Dementia Care (see "What the service has done to meet any areas for improvement we made at or since last inspection").

Safer staffing assessments are informed by an overall evaluation of the care service, its physical environment and the needs and abilities of the people living there. Incorporating the views of all stakeholders would make this assessment more robust.

Staff presented as highly motivated and felt valued and supported by the management team. People living in the care home and staff benefit from a warm atmosphere because there are good working relationships and strong confidence in the management team.

How good is our setting?

4 - Good

In this part of the inspection report we considered one quality indicator. We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator: 4.1. People experience high quality facilities

People should have confidence that they are living in an environment that is safe and maintained. There are routine and as required maintenance works which have been carried out internally or by contractors. Due to maintenance staff cover issues some of the safety checks in the environment had lapsed. The management are actively seeking to resolve this situation and prioritise the actions necessary (see area for improvement 1).

People should live in an environment which is clean, relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. We found the environment to be clean and odour free. We observed people spending time in their personalised and homely bedrooms or in one of the communal spaces. We did observe the nurse call system being an intrusive noise due to the problem that staff experienced in locating a fob to turn it off when they were in people's bedrooms. The management reassured us that they would review this as a matter of priority.

People should be supported to choose how to spend their time, whether in communal areas, in quiet spaces, their bedrooms or accessing outside areas such as a garden. There had been some recent refurbishment works which helped make them inviting and homely. We encouraged the management to explore how small group living could be incorporated into their improvement plan and refurbishment plan.

People should live in an environment which is clean and staff adopt best practice of infection control measures to minimise the risk of cross-contamination. During the inspection we identified a number of issues which were addressed immediately by the management and staff team. We reiterated the importance of staff being informed and refreshing their knowledge in order to apply the standards outlined in the NIPCM (National Infection Prevention and Control Manual for care homes).

Areas for improvement

1. To ensure that people are supported to live in a secure and safe environment, environmental safety checks should be planned and carried out at required intervals. This is to ensure the service is consistent with the Health and Social Care Standards (HSCS) which state that: 'my environment is secure and safe' (HSCS 5.17).

How well is our care and support planned?**4 - Good**

In this part of the inspection report we considered one quality indicator. We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes.

Personal plans help to direct staff about people's support needs and their choices and wishes. Personal plans were developed in partnership with people receiving support and/or their family representatives. We found these to hold up-to-date information, used best practice guidance and contained communication with other professionals. However, these were not being reviewed in line with statutory guidance which is every 6 months or earlier if circumstances change therefore we have made this an area for improvement (see area for improvement 1).

We observed that staff held good information regarding residents' needs and preferences, however this was not always included in the personal plans. This was particularly in relation to where individuals experienced stress or distress. The care plan should provide a clear overview of how best to support that individual including the triggers and what works and what to avoid. Therefore, we have made this an area for improvement (see area for improvement 2).

Areas for improvement

1. To support people's health and wellbeing and improve the quality of their support, the provider should review and update care plan with the person and their relatives/representative at least once in every six month or earlier if circumstances change.

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)

2. To support people who experience stress and distress, care plans should be improved to ensure that staff have all the information necessary to support them in a way that is dignified, informed and sensitive to their individual needs and preferences.

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)

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 people's health and medical needs are met safely and consistently. To achieve this the provider must ensure:

- a) staff consistently record the effect of PRN medication on the relief of symptoms they are prescribed for;
- b) an analysis is completed when an issue with medication administration has been identified and an action plan to ensure the issue has been effectively addressed.

This is to ensure that care and support complies 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 23 July 2024.

Action taken since then

We were able to establish that this AFI had been met.

This area for improvement has been met.

Previous area for improvement 2

To support people's health, wellbeing and safety, the provider should improve quality assurance systems, in particular the recording and analysis. In order to achieve this the provider should ensure:

- a) the management team have an overview of all accidents and incidents; these are regularly audited to identify risk including recurring risk;
- b) audits include a summary of the findings including where improvements are needed, and the actions required to bring about those improvements;
- c) findings from auditing activity should inform and update the development plan for the service.

This is to ensure the service 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 23 July 2024.

Action taken since then

The management team had introduced measures to ensure they had an overview of all accidents and incidents and these were analysed to ensure that any preventative measures were taken and lessons learned.

This area for improvement has been met.

Previous area for improvement 3

To support ongoing improvement the provider should ensure the service development plan reflects:

- a) findings from robust quality assurance systems, including inspection reports, and feedback from residents, relatives, staff and visiting professionals;
- b) prioritises improvements that impact on people living in the care service;
- c) set realistic time frames for actions to be completed;
- d) set a review date when the impact of the identified improvements will be assessed and inform the new improvement plan.

This is to ensure the service 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 23 July 2024.

Action taken since then

We spent some time with the management directing them to guidance and tools which would assist them in developing their improvement plan to be SMART (specific, measurable, achievable, relevant, time-based). The management should ensure that feedback from all stakeholders informs this plan. We also directed the management to introduce a self-evaluation of the Core Assurances as outlined in the Care Inspectorate Quality Framework for care homes for adults and older people.

This area for improvement has not been met.

Previous area for improvement 4

The leadership team should have robust systems in place to ensure staff are competent for their roles and following best practice guidance. This should include:

- a) realistic and achievable time frames for staff supervision and appraisals;
- b) regular supervision and appraisals for all staff members;
- c) updated training in line with best practice to include managing stress and distress and catheter care;
- d) observations of staff practice and actioning any concerns without delay.

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

This area for improvement was made on 23 July 2024.

Action taken since then

We were able to establish this area for improvement has been partially met. The outstanding area is in the training opportunities for staff in stress and distress. This is stated in AFI 5 therefore this AFI has been met.

This area for improvement has been met.

Previous area for improvement 5

To further promote staff skills and competence, the provider should ensure all care staff complete advanced training on dementia and stress and distress.

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 23 July 2024.

Action taken since then

Whilst some staff members had undertaken stress and distress training the majority had staff had not. In addition, the Scottish dementia framework for excellence in Dementia outlines that all staff working with people with dementia should be trained to the 'skilled' level. This has not been facilitated in the service therefore this AFI has not been met.

This area for improvement has not been met.

Previous area for improvement 6

To support people's health and wellbeing and improve the quality of their support, the provider should review and update care plans. In order to achieve this they should:

- a) ensure care plans accurately reflect people's support needs;
- b) detail how they want staff to deliver their care and support;
- c) ensure regular evaluations reflect how effective the plan of care is and if any changes are needed;
- d) ensure agreed changes update the plan of care;
- e) formally review the care plan with the person and their relatives/representative at least once in every six month period.

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)

This area for improvement was made on 23 July 2024.

Action taken since then

We were able to establish that care plans reflects peoples care and support needs and these had been evaluated. However, the frequency of reviews needs to reflect statutory guidance which states that they need to be held within 6 months or earlier if circumstances change. We also found that care planning could be improved for people exhibiting stress and distress behaviours therefore we have created two new AFI's which focus on these areas.

This area for improvement has been met.

Previous area for improvement 7

To support people's choices and involvement in assessing and planning their care and support, the provider should ensure:

- a) there is an accurate minute of all review meetings;
- b) minutes include a summary of the discussion held and the decisions made as a result of the discussion;
- c) the minute details all the people who attended or contributed to the review; and
- d) includes the desired outcomes from the person supported or their known wishes.

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' (HSCS1.12); and 'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS

This area for improvement was made on 23 July 2024.

Action taken since then

We were able establish that this area for improvement had been met. However, the frequency of reviews needs to be improved therefore we have created a new AFL in the report under Key Question 5.

This area for improvement has been met.

Previous area for improvement 8

Area for improvement following upheld complaint 18.8.25

Care plans should be regularly reviewed and updated to reflect the changing needs of individuals. They must include clear, person-centred strategies that guide staff in supporting emotional, physical, and social wellbeing. Actions arising from reviews should be followed up with referrals to appropriate health professionals in a timely manner.

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 developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 18 August 2025.

Action taken since then

We were able to establish that referrals to appropriate health professionals had been actioned in a timely manner however a number of reviews were outstanding therefore we have met this area for improvement and created a new area for improvement under Key Question 5 that focusses on improving the frequency of reviews.

This area for improvement has been met.

Complaints

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

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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