

Castlehill Care Home Care Home Service

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Telephone: 01463247050

Type of inspection:
Unannounced

Completed on:
17 December 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 lounges and dining areas, and separate kitchenettes available for the 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 15 and 17 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, observed, or had interactions with 39 people using the service and eight of their relatives or representatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Improvements had continued within the service.
- Staff morale had increased and there was a happier atmosphere in the service.
- People and their relatives spoke positively of the new management team.
- Further improvements were required to ensure complaints were actioned and recorded effectively.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We found improvements had been made in relation to staff awareness of people's health and wellbeing needs, this was observed during inspection visits, and reflected in updates made to care notes, risk assessments, and care plans. Staff were becoming more responsive when people required support with continence care, and improvements were noted in people's skin condition, which meant they were receiving appropriate care and support with this. People told us staff responded to call bells more promptly and they felt assured that staff would provide help and support when needed.

People appeared smart and well-dressed during inspection visits. Mealtime experiences had improved for people, and where support was being provided to people to eat their meals, this was done on a 1:1 basis and in a patient and attentive manner, this meant people were likely to have better nutritional intakes.

A variety of in-house activities were available to people during inspection visits, these included music and visiting musicians, seasonal crafts, and baking. Activities staff knew people well and were engaging and attentive when supporting people to join in with planned activities.

We observed kind and caring interactions between staff and the people they supported during visits, and people appeared comfortable and happy in the company of staff. Most relatives spoke positively of their more recent experiences of the service, and told us they had seen improvements in their loved one's care and support.

A requirement relating to infection prevention and control had been met, please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

This key question has been re-evaluated to a grade of '3 - Adequate' to reflect improvements in the service.

How good is our leadership?

3 - Adequate

An assessment of the management team within the home had been undertaken, this identified strengths and areas for professional development. We observed signs of good quality leadership and professional knowledge from the management team during visits, and saw the new leadership team had begun to grow in confidence as they established their roles and responsibilities.

Staff working within the service felt better supported in their roles. Shifts within the service were led more efficiently, and expectations of staff were clearer. Where concerns relating to staff practice had been identified, these were actioned promptly to provide support, reassurance, and accountability. Quality assurance systems within the service had improved, and there was better management oversight and visibility throughout the home.

This key question has been re-evaluated to a grade of '3 - Adequate' to reflect improvements in the service.

How well is our care and support planned?**3 - Adequate**

It was evident that people's care and support plans had been recently updated. Risk assessments were up-to-date and informed people's care plans. We saw evidence that managers, nursing, and care staff had responded promptly when there were changes in people's health, wellbeing, or safety needs, and relevant professionals had been involved where necessary.

Improvements had been made to the legal documentation in place within people's care plans, and this was now stored, reviewed, and updated appropriately, this meant information was available when required, for example, during medical visits.

This key question has been re-evaluated to a grade of '3 - Adequate' to reflect 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 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

We found the environment to be clean and fresh throughout both of the floors which were currently in use. Housekeeping staff were observed to be working diligently to ensure routine cleaning was completed to a high standard.

The service had introduced a range of infection prevention and control (IPC) audits, these included audits of the '5 key moments' of hand hygiene and '10 Standard Infection Control Precautions' which should be undertaken by staff when providing care. We saw evidence that direct observations of staff practice had been undertaken, and any improvements needed to infection prevention and control practice were identified and actioned. The quality of some audits was variable, we found the overall quality to be of an acceptable standard.

During inspection visits we observed staff routinely washing their hands or using hand cleansing gel, and wearing personal protective equipment (PPE) appropriately. We observed staff offering to support people with their hand hygiene before mealtimes which is important to prevent the spread of infections.

Unit leads were undertaking daily audits of essential IPC practices, these included environmental checks. Staff appeared confident in their knowledge of infection prevention and control, and there appeared to be a culture of shared responsibility to maintain this across the whole team.

Met - outwith timescales

Requirement 2

By 12 December 2025, the provider must ensure that when anyone raises a concern or complaint, they fully act upon this with full compliance with their complaint's procedures. To do this, the provider must, at a minimum:

- a) ensure that the provider's complaints procedures is accessible to all residents, relatives and staff
- b) ensure that all staff are trained in how to recognise, how to respond to, and how to record complaints and concerns
- c) record all complaints and concerns, including informal ones, in a central log with details of actions taken and outcomes
- d) respond to complaints within timescales outlined in the services complaints policy.

This is in order to comply with: Regulation 18(3) 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 Health and Social Care Standard 4.20: I know how, and can be helped, to make a complaint or raise a concern about my care and support.

This requirement was made on 17 October 2025.

Action taken on previous requirement

We reviewed the provider's current complaints policy, which outlined clear processes which should be followed in the event of a complaint being made, and sampled records of recent complaints made to the service. The complaint's policy was a large document, we suggested an 'easy read' version of this could be made available as this may be more accessible to many people.

We spoke to staff about their understanding of how they should respond if a complaint or concern about the service is made to them, and they evidenced a clear understanding of how and when to escalate this to a senior member of staff. New staff told us they had received training in relation to complaints and concerns within their induction training.

Relatives told us they felt the new management team was approachable, proactive, and responsive. We saw evidence the manager was acknowledging concerns or queries made by relatives promptly.

We found complaints records to be brief, and the information regarding the actions taken and their outcomes required improvement to evidence that the service had been effective in addressing concerns or complaints. It was not always clear if a response had been provided in line with the provider's policy.

Whilst we acknowledged progress had been made in relation to this requirement, we concluded that further training and work is required to ensure that complaints are responded to in line with the provider's policy.

This requirement has not been met and will be extended to 11 March 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

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 12 September 2025.

Action taken since then

Legal documentation was sampled across the service and we found this to be orderly, up-to-date, and recently reviewed.

Where minor updates or additional documents were needed, the management team were responsive and acted to source these immediately.

This area for improvement has 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
2.4 Staff are led well	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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