

## An Acarsaid (Care Home) Care Home Service

Liveras Park  
Broadford  
Isle of Skye  
IV49 9AW

Telephone: 01471 822 670

**Type of inspection:**  
Unannounced

**Completed on:**  
10 December 2025

**Service provided by:**  
NHS Highland

**Service provider number:**  
SP2012011802

**Service no:**  
CS2012307181

## About the service

An Acarsaid is a care home registered to provide a care service for up to 10 older people, this includes a bed for step up/step down care. The service is located in Broadford on the Isle of Skye, and is close to a range of local amenities.

Accommodation is provided over two floors, with a lift available for access to the upper floor, en suite facilities are available in all bedrooms. There is an open plan dining room and lounge, and some smaller seating areas located throughout the home, including on the upper floor. There is a spacious conservatory which has pleasant views out to the garden and local area. Kitchen and laundry facilities are located on site.

The provider is NHS Highland.

## About the inspection

This was an unannounced follow up inspection which took place between 6 and 10 December 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 or had interactions with eight people using the service and three of their relatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People were treated kindly by staff who knew them well.
- Some progress had been made towards necessary improvements.
- Maintenance and repairs to be building were being progressed.
- The service continued to experience staffing pressures which were negatively impacting on people's outcomes.
- We were not assured there was sufficient provider oversight to support and sustain improvements in the service.

## 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 good is our leadership?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our leadership?

2 - Weak

During this inspection we assessed progress made in relation to quality assurance and leading improvements in the service. There was not always a management presence, or a reliable contingency process to follow in the absence of a manager, for people and staff during recent inspection visits.

We were not assured that the provider had full oversight or appropriate quality assurance measures in place to support and drive improvements in the service, this meant that people living in the home may not experience improvements in a timely or sustained manner (see requirement 1).

### Requirements

1. By 12 March 2026 the provider must demonstrate positive outcomes for people by having robust governance and quality assurance systems in place to support improvements and ensure appropriate management oversight in the service. To do this the provider must, at a minimum:

- a) ensure governance, oversight, and quality assurance processes are in place to monitor and support the progress of ongoing and sustained improvements within the service.
- b) ensure there is a reliable escalation process for staff to follow in the event of manager absence, including during out of hours periods.

This is to comply with the 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 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); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

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

### Requirements

#### Requirement 1

By 1 August 2025 the provider must ensure they keep people safe and healthy. In order to do this, they must, at a minimum;

- a.) complete regular routine healthcare assessments and screening tools
- b.) ensure professional guidance and recommendations are followed, this may include measures such as fortifying meals and supplementing diets.
- c.) ensure that where there is an identified risk to sometimes health or wellbeing, a risk assessment is put in place advising staff how to respond appropriately, this includes but is not limited to, choking risk assessments.

This is 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).

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 requirement was made on 9 July 2025.**

#### Action taken on previous requirement

The necessary risk assessments highlighted at the previous inspection had been completed and recently updated.

There had been some improvements to the level and amount of healthcare assessments carried out within the service since the last inspection. Tools such as the Malnutrition Universal Screening Tool ('MUST') and 'Waterlow' pressure ulcer assessments had been completed regularly for some people within the home to monitor their health and wellbeing. Records remained inconsistent overall, with many gaps noted such as in oral care records or people's weight charts, this meant necessary actions or referrals to professionals may have been delayed.

Staff had received training in food fortification and supplementation, and felt more confident in how to use this in their work. Food charts were sampled for those who were at risk of weight loss or malnutrition and whilst there was an improvement in the frequency of records, important details were still missing and it was not clear if professional guidance was being followed.

**This requirement has not been met, and will be extended to 12 March 2026.**

**Not met**

## Requirement 2

By 10 May 2025 the provider must have effective communication and supervision arrangements in place to ensure people are supported by staff who engage in reflective practice and communicate effectively as a team. To do this, the provider must, as a minimum:

- a) ensure staff supervision is held in line with organisational guidelines to promote reflective practice and identify individual training needs
- b) ensure there is effective monitoring of staff competence through on-site observations to continuously improve staff practice
- c) ensure regular team meetings are held and attendance promoted to all staff. Meeting minutes should be made available to staff promptly following meetings.

This is to comply with the 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:

'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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

**This requirement was made on 14 March 2025.**

### Action taken on previous requirement

Some staff supervisions had been held, and feedback from staff who had received supervision was that they had found this helpful. Supervision was not being carried out at the frequency outlined in the organisations policy, and several members of staff had not yet had a formal supervision.

Supervision records sampled identified some parts of the process had not always been completed, and that staff supervisions would benefit from an increase in detail, promotion of reflective practice, and identifying staff strengths and areas for personal development.

Observations of staff practice had begun to improve and had increased in both frequency and detail.

Recent team meetings had been cancelled due to low attendance, and at the time of inspection a team meeting had not been held for several months. Minutes of the last meeting held had been made available to staff promptly.

**This requirement has not been met, and will be extended to 12 March 2026.**

**Not met**

### Requirement 3

By 10 May 2025 the provider must ensure that people experience a service which has a culture of continuous improvement, underpinned by transparent quality assurance processes. To do this, the provider must, as a minimum:

- a) ensure there are formal quality assurance systems in place which cover all key areas of service delivery, and effectively identify issues which may impact on the health and wellbeing of people
- b) demonstrate how actions are taken to address any identified improvements
- c) ensure the service improvement plan is updated to reflect ongoing improvements and their progress.

This is to comply with the 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 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 requirement was made on 14 March 2025.**

#### Action taken on previous requirement

There had been an increase in the level of quality assurance work undertaken within the service, this included audits and direct observations of staff practice.

Where issues had been identified through quality assurance activities, these had not been followed up or added into the service improvement plan to ensure necessary improvements were planned, monitored, and actioned.

**This requirement has not been met, and will be extended to 12 March 2026.**

**Not met**

### Requirement 4

By 20 September 2025 the provider must ensure that staffing levels within the service allow for the provision of safe and appropriate care and support, this includes but is not limited to:

- a.) ensuring there is an appropriate assessment of the levels and skill mix of staff required to provide safe and appropriate support, this should be used, reviewed, and updated regularly
- b.) ensure that staffing levels take into account support staff and roles critical to the safe operation of the service and the ability to meet peoples outcomes, this should include kitchen staff.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

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

'People have time to support and care for me and to speak with me' (HSCS 3.16).

**This requirement was made on 9 July 2025.**

## Action taken on previous requirement

In recent months the service had utilised bank and agency staff to cover some vacancies and absences to ensure the home was staffed at a safe level.

A more thorough system for assessing and monitoring dependency levels in the home had been introduced, this provided a calculation of the staffing levels necessary to provide safe care and support for each person living in An Acarsaid. This did not take into account the support staff critical to the safe operations of the service, or that staff and management were often covering vacant or absent support roles alongside their own.

There were ongoing vacancies within the service which had not yet been filled, and some had been delayed by HR processes. We recognised that recruitment of staff could be challenging in the local area.

**This requirement has not been met, and will be extended to 12 March 2026.**

**Not met**

## Requirement 5

By 10 May 2025 the provider must ensure people's care and support is reviewed regularly. To do this, the provider must, at a minimum:

- a) ensure reviews take place at least every six months, or sooner where a person's needs change or a review is requested
- b) ensure records of review meetings are kept. Records should include discussions, decisions made, and any actions taken at the review, these should also be shared with people's legal proxies where applicable.

This is to comply with the Regulation 5(2)(b) 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:

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

**This requirement was made on 14 March 2025.**

## Action taken on previous requirement

Six-monthly reviews of people's care and support had been carried out after the previous inspection, many of these were now either due or overdue for the next review.



Review records sampled showed that important information and considerations had been made during reviews to ensure people's outcomes could be met going forward. Reviews would benefit from internal quality assurance to ensure consistency and quality of records.

It would be beneficial for the service to ensure people living the home, and their legal proxies where applicable, are aware of the review process and the frequency these should be carried out going forward.

**This requirement has not been met, and will be extended to 12 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

To ensure people experience high quality facilities all identified maintenance and repair tasks relating to the building and grounds should be recorded and carried out in a timely manner, ensuring there is no compromise to the safety of people.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

**This area for improvement was made on 14 March 2025.**

#### Action taken since then

Since the last inspection the building had been re-harled, and the provider was awaiting suitable weather for external re-painting. The in-house maintenance staff on-site remained dedicated, knowledgeable, and proactive in their work.

There remained ongoing repairs which the service had identified as necessary to ensure the building and environment were safe and well-maintained, these included repairs to an external gate, and removing the moss from the roof to stop water ingress and damage.

**This area for improvement has not been met, and will remain in place.**

## 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 good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

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