

## Care at Home Services Housing Support Service

Orkney Islands Council  
Council Offices  
School Place  
Kirkwall  
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**Type of inspection:**  
Unannounced

**Completed on:**  
8 December 2025

**Service provided by:**  
Orkney Islands Council

**Service provider number:**  
SP2003001951

**Service no:**  
CS2004077124

## About the service

Care at Home Services is registered to provide a housing support and care at home service.

The service provides support to adults in their own homes. Staff provide a range of support including personal care, help with meals and support with medication.

The service is provided by Orkney Islands Council and operates from the council office in Kirkwall.

## About the inspection

This was an unannounced inspection which took place from 28 November 2025 to 5 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 with 18 people using the service and four of their family representatives;
- spoke with 15 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with six visiting professionals.

## Key messages

The service benefitted from leaders who were committed to service improvement.  
 The service is short staffed due to vacancies, some of which are being covered by agency staff.  
 Improvement work about medication policy, procedures and training is in final stages of completion.  
 People, families and professionals spoke positively about the care provided by staff.  
 Staff were good at developing meaningful relationships with people.  
 Staff were not all benefiting from regular supervision or opportunities to receive feedback on their practice to support their professional development.  
 Reviews were overdue for some people.

## 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 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

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and outweighed areas for improvement.

We observed staff supporting people with warmth, kindness, and respect. Staff interactions were positive and respectful and we observed staff taking time with people, and checking whether there was anything else that they needed help with prior to leaving. It was evident that people had formed trusting relationships with their support staff, and that people valued how this enabled them to remain in their own homes. People described care and support which was attentive and promoted their dignity, they told us:

Similarly people we spoke with, either about their own support, or about their relatives, were mostly positive about the service, how it was organised and about the staff who delivered their support.

People told us:

"We could not manage without the help, caring staff that come here. Very good".

I'm very comfortable, don't want for anything. The staff are all cheerful, friendly, helpful and charming".

Additionally 100% of those who submitted a survey responded saying that overall they were happy with the quality of care.

One person described their carer as "My angel" and said that over the time she had been receiving support, she had become like a friend. Another person described their relative looking forward to the carer's arrival, enjoying their visits, and the conversations that took place.

Staff recognised changing health needs, and took action to escalate any concerns so that people would get the right care and treatment. This was supported by effective professional working relationships with health and social care professionals .

Staff support people with their nutritional needs. We observed staff demonstrating satisfactory food hygiene. Staff understood people's specific dietary preferences, and routinely offered choice. Where people had additional support needs to help them eat and drink, these were documented and staff were observed to provide well paced assistance.

The service supports many people with the administration of medication to meet their medical needs. Staff were observed to have an understanding of the support people required with their medication and to be accurately recording medication administered. Some audits were being carried out to check practice.

There had been a previous area of improvement about medication at the last inspection. This referenced a need to review policy and procedure, as well as recording systems. A significant piece of work has been taken forward by the provider, and their health partners. This work is now approaching final stages, and completion is anticipated in April 2026.

A phased approach was now being used to implement new procedures, and documents across the service. Staff training, and learning sessions, have been used to develop staff skill and confidence in this area of practice. We were confident that once completed, this work, with the continued use of robust and regular

audits would comprehensively address areas which had previously been identified for improvement. As completion of this important piece of work is still outstanding, this area of improvement has not been met. **(See previous area of improvement 3).**

.There was some mixed feedback about communication. Most people we spoke with were happy with the communication from the service. Relatives told us that communication with the service was good, and that they could speak to a supervisor if there were changes, or they had concerns. Mostly people told us that they were contacted if the carers were delayed, or if there were any changes anticipated. There was, however, some feedback indicating that there continued to be room for improvement. Overall we were satisfied that the previous area of improvement had been met. **(See previous area of improvement 1).**

Most people described experiencing a reliable service. People we spoke with told us that they knew when to expect their carers, and that they considered that they had a reliable and dependable service. Generally people reflected that they experienced some continuity within the staff teams who supported them, and that when regular staff were absent, they were usually familiar with replacement staff. However, the service is very reliant on agency staff to support continuity of service delivery, and while they strive to achieve consistency, this was not always achieved. To mitigate the risks attached to this, the service should strengthen use of staff support and monitoring processes to support staff, development and oversight. **(See previous area of improvement 4).**

There had been some missed visits. These occurrences were taken seriously and causal factors were investigated. We highlighted that compilation of a "missed visits" log could provide a clearer overview, and support monitoring and improvement.

A number of people told us that relatives were sometimes asked if they could provide support due to short staffing situations. People we spoke with told us they were happy with this because they appreciated the critical staffing situation. One person told us "my carers are lovely people, one or other of them attend to my personal needs x3 a day. Making sure I am fed and cared for. ... ( sometimes ) if they go on holiday there is no backfill". These situations are symptomatic of the challenges being experienced because of recruitment issues, but should be logged, and the data used to provide a clearer overview, and support monitoring and improvement.

### How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

During this inspection leadership told us the service continued to experience significant staff shortages. Recruitment in this area had proven to be extremely challenging and an area that the service provider has continued to try and address. The provider had worked innovatively to encourage successful recruitment, including offering financial incentives to newly recruited staff. Work to address these recruitment issues remains ongoing. However, because of the ongoing number of vacancies, the service need to employ agency staff to support continuity of service delivery. Despite this there were evident challenges evident for those responsible for planning scheduled care.

The service work flexibly and co-operatively with multi agency colleagues to take on new support packages, or adjust existing provision, in accordance with the available resources.

A digital system is used by the service for their daily work schedule. This system allows live monitoring of service delivery, and supports the service to responsively resolve any problems before these impact on service delivery.

Safer recruitment guidance had been followed, and staff were registered with the relevant professional bodies.

Staff we spoke with were motivated to provide a good service to people. Staff told us that they enjoyed their work. Most people told us that they felt well supported. We heard that staff were able to access support or guidance at any time in their working day. This helped staff feel confident within their role, and feel reassured that if they encountered any difficulties assistance would be provided.

There should be regular opportunities available to support staff within their role, and with professional development. These should include opportunities for reflection, observation, including one to one and team discussions, as well as training. To support consistency of care these should be available to staff working regularly on a relief basis, agency staff, as well as the permanent team, and should be taken account of in meeting previous area for improvement 4.

While staff supervisions and appraisals were taking place regularly for some, these were not fully embedded in practice across all teams. Similarly staff meetings were taking place regularly in some teams, but there also gaps which meant some were missing out on the opportunity to discuss and reflect on their work. Observations of staff practice were taking place but for some these were yet to be sustained and embedded in practice.

We received some positive feedback about staff training and induction. New staff described supportive processes providing a blend of training and shadowing to support them into their new role. Staff experienced a flexible approach to extending shadowing opportunities if necessary to build confidence and competence. While there was some training outstanding, and refreshers needed, overall there was good compliance with mandatory practical training courses, such as safe people handling. There were other courses where this needed to improve, for example, adult support and protection. The previous area of improvement has not been met. **(See previous area of improvement 4).**

Service management and leadership evidenced a clear vision for staff training and staff support. Innovations and developments in this area have been included in their improvement agenda, and these are being incrementally introduced into practice.

## How well is our care and support planned?

**4 - Good**

This key question was evaluated as good as we found strengths in care planning which outweighed areas for improvement.

Many care plans were well written and included personal details, routines, and preferences. These helped carers understand how best to support each person. Plans were generally proportionate to people's support needs, and showed that people's views had been considered. This meant people received care that was tailored to their needs.

Some care plans identified key risks and outlined strategies to mitigate them, supporting safer care. Moving and handling risk assessments provided staff with guidance on how to support individuals safely. However,

we also identified where risk assessments were overly generic and insufficiently detailed. This meant that there were instances where these offered insufficient guidance to staff about important aspects of individual support, for example, skin integrity or falls.

A review tracker has been implemented to support timely reviews and updates. The tracker identified that there were some reviews outstanding although there is now a plan in place for their completion. During the inspection we were able to observe a review. It was evident that these were being used to capture people's views and to reflect on whether the support was achieving good outcomes. Review documentation was of a good standard. However, because there was a backlog of reviews outstanding the previous area of improvement has not been met. **(See previous area of improvement 2).**

## 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 that people are fully informed in advance when there are changes made to staff cover.

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

"I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support" (HSCS 3.11).

**This area for improvement was made on 10 August 2023.**

#### Action taken since then

This area of improvement has been met. See further detail in key question 1.

#### Previous area for improvement 2

The provider should ensure that each person has an up to date support plan which reflects their current needs, wishes and preferences and provides sufficient information to guide and direct staff when they provide support. Care reviews should be used to check the accuracy and effectiveness of planned support, capture the views of people using the service and reflect the outcomes achieved as a result of the support provided.

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

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and

"My care and support meets my needs and is right for me". (HSCS 1.19).

**This area for improvement was made on 10 August 2023.**

## Action taken since then

This area of improvement has not been met. See further detail in key question 1 and 5

### Previous area for improvement 3

The provider should review the current medication policy, procedure and associated recording system used when staff provide support in administering medication. Regular and robust audits should be completed to ensure that good practice is being followed by staff.

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 upon relevant evidence, guidance and best practice" (HSCS 4.11).

**This area for improvement was made on 10 August 2023.**

## Action taken since then

This area of improvement has not been met. See further detail in key question 1

### Previous area for improvement 4

The provider should develop the staff training programme to ensure staff have the necessary skills and knowledge when providing support. Staff supervisions, observations and meetings should be carried out aligned to the organisational policy.

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 10 October 2023.**

## Action taken since then

This area of improvement has not been met. See further detail in key question 3.

## 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 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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