

Leverburgh Care Home Care Home Service

Ferry Road
Leverburgh
Isle of Harris
HS5 3UA

Telephone: 01859 520 296

Type of inspection:
Unannounced

Completed on:
22 January 2026

Service provided by:
Free Presbyterian Church of Scotland

Service provider number:
SP2003002102

Service no:
CS2003009709

About the service

Leverburgh Care Home is a care home for older people situated in a small residential area on the Isle of Harris. Transport links are limited for the care home but there is a community wheelchair accessible vehicle available locally for the service to book and use. The service provides residential care for 15 people.

Accommodation is arranged over two floors in single bedrooms where 15 have an en-suite toilet and wash hand basin, with the other two having en-suite shower rooms. There is one main lounge /dining area and a small sitting room on the ground floor. There is an additional sitting room upstairs on the first floor. The garden is accessible for people.

About the inspection

This was a follow up inspection which took place on 19 and 20 January 2026. The inspection was carried out by one inspector from the Care Inspectorate. The inspection focused on two requirements and four areas for improvement which were made during inspections on 10 February 2025 and 14 April 2025, both extended to July 2025.

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 5 people using the service and 3 of their family/representatives;
- spoke with 3 staff and management, in reviewing progress made;
- observed practice and daily life;
- reviewed documents;
- spoke with a visiting professional.

Key messages

People living in the service, and their families were positive about the staff and care provided.

Staff recruitment had been successful.

Ongoing improvement was required for quality assurance systems to ensure that standards of good practice were adhered to consistently.

Improvements had been made with the medication procedures and protocols.

Care reviews were not up to date.

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

Requirements

Requirement 1

By 21 April 2025, the provider must ensure that people's health and wellbeing needs are being met and that health-based assessments are used to support getting it right for people.

To do this, the provider must, at a minimum:

- a) ensure that staff are knowledgeable and skilled to complete the health-based assessments;
- b) ensure that everyone living in the care home has a comprehensive set of health-based assessments in place, which are updated and reviewed regularly; and
- c) that risk reducing measures are put in place to address any risks to people's health and wellbeing as a result of these assessments.

This is to comply with Regulations 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 states that:

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

This requirement was made on 14 April 2025.

Action taken on previous requirement

Support planning was person centred but the recording of information was at times inconsistent. People had health-based assessments in place, which were reviewed on a regular basis but we found some of the information recorded not to be accurate, which meant that some of the follow up actions required to address risks to people's health were not undertaken.

Management had undertaken training with staff for care planning and additional support for using the new digital system was available, if requested. Our findings were that additional oversight and auditing were required to ensure that staff were skilled and knowledgeable to complete health-based assessments. This is to ensure that risk reducing measures are put in place to address any risks to people's health and wellbeing as a result of assessments.

This requirement was made on 14 April 2025, then extended 22 July 2025.

This requirement has not been met.

This requirement will be continued until 23 March 2026.

Not met

Requirement 2

By 5 May 2025, the provider must ensure that people's personal plans sets out how their needs will be met.

To do this, the provide must, as a minimum:

- a) complete an audit of people's personal plans to identify what is required to make these right for the person;
- b) enable some time for staff to complete people's personal plans, which allows for meaningful involvement of the person and/or their legally appointed guardian;
- c) establish a schedule for reviews on a regular basis to ensure people's plans remain appropriate; and
- d) establish a schedule for formal six-monthly reviews to take place, again including the views of the person and/or their legally appointed guardians. Reviews may need to take place sooner than this if people's needs change substantially.

This is to comply with Regulation 2 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:

'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).

This requirement was made on 10 February 2025.

Action taken on previous requirement

A planned schedule for audits was in place but had not been fully implemented. We spoke with management about prioritising their schedule for audits, primarily people's personal plans, ensuring a process of continuous improvement through robust quality assurance.

Management had listened to staff and changed the rota to include time for them to complete people's personal plans, whereby staff had uninterrupted time for this task. We acknowledged that staff had regular contact with legal guardians and spoke with management about evidencing these discussions through a formal review process.

We found that 6 monthly reviews for some people were overdue. As a priority, formal reviews must be arranged and undertaken, to ensure meaningful involvement and better outcomes for people.

This requirement was initially made in February 2025, then extended 22 July 2025.

This requirement has not been met.

This requirement will be continued until 23 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 support necessary improvements being introduced properly, the manager should assess and evaluate actions taken to gain reassurance that this has been done correctly. They should use a process of quality assurance audits to establish this.

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 20 May 2025.

Action taken since then

We acknowledged that some audits had been completed since the previous inspection. However, quality assurance audits had not been undertaken consistently, and progress in this area had stopped. It is important for management to demonstrate improvements have been put in place correctly through quality assurance.

This area for improvement has not been met.

Previous area for improvement 2

To support reassurance that staff are following best practice guidance, the manager should introduce ways to establish competency checks on staff who administer medication, and other ways to carry out practical observations on staff practice.

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 code'. (HSCS 3.14).

This area for improvement was made on 20 May 2025.

Action taken since then

Competency checks had been undertaken for the staff members who administer medication.

Since the previous inspection staff had undertaken additional training on a regular basis.

We spoke with management and highlighted the importance of regular audits and formal supervision, as part of self-evaluation and to support best practice.

This area for improvement has been met - out with timescales.

Previous area for improvement 3

To improve how the service evidences people's needs are met by the right number of people, the manager should add more detail that describes their decisions around the levels of staff.

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

'My needs are met by the right number of people'. (HSCS 3.15).

This area for improvement was made on 20 May 2025.

Action taken since then

The manager had produced a dependency assessment tool for people, which highlighted the number of staff required. However, additional information and detail is required for this document, evidencing their decisions around the levels of staff required to ensure people's needs are met.

This area for improvement has not been met.

Previous area for improvement 4

To improve people's medication and to help guide staff, the provider and manager should introduce protocols for as required medication and set out a way in which staff can record if the medication had been effective.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

This area for improvement was made on 20 May 2025.

Action taken since then

Management had undertaken a lot of work to develop and update medication practice. New medication policy and procedures had been implemented, and as required medication protocols were in place.

Staff told us the service is soon to be moving to use a new recording system for medication. Staff acknowledged they were anxious about this but additional training was to be arranged and supports put in place.

This area for improvement has been met – out with timescales.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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