

# Highland and Islands Residential Recovery Centre Care Home Service

CrossReach  
Highland and Islands Residential Recovery Centre  
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Inverness  
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Telephone: 07425531781

**Type of inspection:**  
Unannounced

**Completed on:**  
16 January 2026

**Service provided by:**  
Church of Scotland Trading as  
Crossreach

**Service provider number:**  
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**Service no:**  
CS2025000032

## About the service

Highlands and Islands Residential Recovery Centre (AKA Nevis House) is a recovery service providing residential rehabilitation, community outreach, support and social care, to people with alcohol and drug issues.

It is a purpose-built facility in Inverness and registered to provide a care service to a maximum of six people who are in recovery. The service is provided by the Church of Scotland trading as Crossreach. Accommodation consists of single en-suite rooms and bright and attractive common areas and meeting rooms.

## About the inspection

This was an unannounced inspection. It took place between 14 and 16 January 2026. 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 four people using the service;
- considered feedback from three partnership agencies;
- spoke with staff and management, and
- reviewed documents and relevant paperwork.

**Key messages**

People were benefiting from the support of staff in their recovery.

The environment was maintained to a high standard and people felt comfortable in it.

Staff were value based and dedicated to their work.

Risk assessments needed to be more detailed.

Quality assurance systems to be more formalised.

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

4 - Good

We made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

A main focus of the service was to support people through their recovery so they could live more independently and confidently in the community. Staff had a comprehensive knowledge of community resources and signposted people to relevant agencies that could help with housing, accessing benefits, employment and any other practical need.

People were supported to register with local health professionals. Where appropriate, partnership agencies were kept up to date with changes to their clients' physical and emotional well-being. When staff were concerned about people's wellbeing, they sought and followed advice from relevant professionals. This ensured people were getting the right treatments at the right times. Some of the comments from people we spoke with included:

"The staff have really helped me understand the condition I have, this has improved my life".

"This place has saved my life, staff have been there to reassure me and have helped me become more independent and confident."

"The staff have helped me re-establish links with my family, this has really helped me."

Medication was managed safely. People were encouraged to manage their own medication to promote their independence. When people were struggling to manage their medication safely staff supported them with this. To further promote good practice, when people are on "as required" medication, there should be written protocols in place that staff can follow (see area for improvement 1).

Some people highlighted that the group sessions could be more relevant to their recovery. They felt staff needed better training so they were confident and competent when leading groups. The provider has recognised this as an area for improvement and was in the process of changing the group contents and structures. We will evaluate the success of this at the next inspection (see area for improvement 2). Some of the comments from people we spoke with included:

"I did not understand the relevance of the group and did not find it useful."

"Some staff are better than others at getting you involved in the group."

"I enjoy the groups and think the staff work hard at them."

## Areas for improvement

1. To promote well being, the service should ensure there are individual protocols for people who are on "as required" medication.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24.);  
'If I need help with medication, I am able to have as much control as is possible.' (HSCS 2.23); and  
'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

2. The provider should continue with their review of the effectiveness and relevance of in-house groups. People attending the service should be central to this and staff should be supported to feel confident and competent when delivering the groups.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19); and  
'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisation codes.' (HSCS 3.14).

## How good is our leadership?

4 - Good

We made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

The service was well led and managed. The manager was open and transparent and used learning and feedback to improve outcomes for people and service delivery. People's views were regularly sought and people felt confident raising concerns. They advised us confidentiality was maintained. Some of the comments from people we spoke with included:

"I have no concerns about staff breaching confidentiality."

"Yes they ask for our views, sometimes these are acted upon and other times they are not."

"We all feel confident in talking with staff or the manager if we were not happy about something."

The provider had identified that they needed to develop more formal quality assurance systems and start a process of self evaluation. Current quality assurance processes needed to be formalised, resulting in an ongoing improvement plan that detailed the future direction of the service (see area for improvement 1).

The Care Inspectorate expects providers to notify them of certain events, for example accidents and incidents. This allows the Care Inspectorate to check providers are working within legal frameworks and following good practice guidance. This had not always been happening (see area for improvement 2).

## Areas for improvement

1. To ensure there is a culture of continuous improvement, the provider should formalise quality assurance systems and start a process of self evaluation. This should result in an ongoing improvement plan that details the future direction of the service.

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); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

2. The provider should improve their practice of informing the Care Inspectorate of any notifiable events as detailed in 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

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).

## How good is our staff team?

**4 - Good**

We made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

People were allocated set hours for key working and general support. If people's needs increased there was a system in place to increase the staff numbers.

People were generally happy with their key workers and felt the programme supported them with their recovery. We spoke with the manager about a couple of concerns people raised and were confident these would be dealt with.

The staff team worked well together to support one another and find solutions to issues arising. Staff were flexible, committed and wanted the best for people. As the team was new (the service had only been registered for six months) a focus of the leadership team was to up-skill staff. Alongside formal training opportunities, more experienced staff were going to mentor and coach newer staff. To further promote staff competence and roles and responsibilities, we are making an area for improvement (see area for improvement 1). Some of the comments from people we spoke with included:

"Sometimes I feel staff talk down to me, I don't think they mean to, but they need more experience."

"We have time and space to talk about things at our key working sessions, we can speak with any staff."

"I have no complaints, the staff have really helped me and I am really grateful for that."

### Areas for improvement

1. Staff should be supported to understand their roles and responsibilities as a registered worker. There should be sufficient oversight to ensure staff are working in a value based, professional and person centred manner at all times.

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); and

'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).

### How good is our setting?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service was new and the six bedded home had been purpose built. It was clean, fresh, spacious and bright. People could choose to use private and communal areas and had the right to privacy when they wanted. People commented that it was like living in a hotel and the shared areas were comfortable, peaceful and welcoming. For one person this meant they spent time with others in the shared areas rather than isolating themselves in their bedroom. This had made them feel more confident in small social situations. Another person liked the fact it was a small home, as this made them feel safe.

There were arrangements for regular monitoring and maintenance of the premises and equipment to ensure people were safe. The domestic staff member was very thorough and professional when carrying out housekeeping and cleaning. She knew how to reduce the risk of spread of infection and ensure a safe environment. She took pride in her job.

### How well is our care and support planned?

**4 - Good**

We made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

People used the "recovery star" model. This helped them identify how they were feeling emotionally, what the challenges were to recovery and what supports they needed to aid them with their recovery. People were fully involved and central to this. There were regular reviews, to ensure people were getting the support they needed.

It was clear that people had made progress with their goals with the support from staff. People found the "recovery star" model very helpful as it let them see how much they had progressed. They were proud of this. Some of the comments from people we spoke with included:

"The recovery star lets me see how much progress I have made."

"I like being able to see the progress I have made, the recovery star is easy to understand."

To promote safety and well being, people had individual risk assessments. These were central to the "recovery star" model for care planning. The risk assessments we looked at lacked detail on how staff should support people when they were in crises (see area for improvement 1).

## Areas for improvement

1. To promote people's well being and safety, individual risk assessments and safety plans should be detailed and robust. These should be completed in conjunction with the supported person.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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.' (HSCS1.15); and

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

## 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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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