

Bethesda Care Home Care Home Service

Springfield Road
Stornoway
HS1 2PS

Telephone: 01851 706 222

Type of inspection:
Unannounced

Completed on:
15 January 2026

Service provided by:
Bethesda Care Home and Hospice, a
Scottish Charitable Incorporated
Organisation

Service provider number:
SP2014012329

Service no:
CS2014328053

About the service

Bethesda Care Home is located in a residential area of Stornoway. It can provide care and support for up to 30 older people. At the time of inspection 30 people were living in the home.

The care home has attractive rooms and facilities for people. It is surrounded by its own gardens and outside spaces for people's use.

About the inspection

This was an unannounced inspection which took place on 12 and 13 January 2026. 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 8 people using the service and 7 of their relatives;
- spoke with 14 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

The management team were a visible presence within the home and approachable.
 Staff worked well together to provide compassionate care for people.
 Activities were well planned and supportive of people's heritage and culture
 Food was to a high standard and people's nutritional needs were well met.
 Aspects of medication management required improvement.
 Staff supervision requires to be undertaken on a timely basis.

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?	5 - Very Good
How good is our staff team?	5 - Very 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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We found that people are treated with compassion and care. Staff knew people well and interactions were warm and respectful. Feedback from people living in the home, relatives and professionals were very positive about the care and support provided.

Staff recognised when people were unwell and we found evidence of prompt action taken when follow up healthcare was required. There was a proactive approach taken by staff when people's health changed and positive outcomes were evidenced.

We found evidence of high-quality nursing care being provided. Health based assessments were in place and reviewed on a regular basis. We acknowledged that the service had made improvements with medication but this remains an area for ongoing improvement.

(See area for improvement 1).

Activities we observed were well planned and creative in the way in which they supported people to participate in both the activity and conversations. A key strength of this service was the inclusive approach they took to arranging activities and the promotion of Gaelic culture and language. We spoke with management about continuing to develop the care planning process, ensuring there are detailed and outcome-focused activity plans for people which are reviewed on a regular basis.

The spiritual needs of people living at Bethesda were well supported, with daily prayers and regular visitors from local churches. People were provided with choice if they wished to participate in both religious or group activities, demonstrating their wishes were listened to and respected.

People were provided with choice of meals and snacks and told us that they enjoyed the food. Staff were knowledgeable about the individual needs and preferences for people, and ways in which to support them with eating and drinking. People told us, "The food here is excellent with a well-balanced menu. Kitchen staff will make an alternative to the menu if available".

The service had recently conducted a 'Care Home Quality' questionnaire for people supported by the service and their families. Our findings were similar to those of the questionnaire, that people received a very good level of care and support, and catering was very good.

Areas for improvement

1. To support reassurance that staff are following best practice guidance, the manager should introduce more robust auditing processes to check medication, identify errors and rectify them.

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)

'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).

How good is our leadership?

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.

Audits were undertaken as part of the quality assurance processes. There was evidence of account being taken of people's lived experience in the service and this was used to drive improvement. We spoke to management about continuing to develop the auditing process, with more regular audits and systems in place to identify risks and plan appropriate actions to drive improvement, ensuring better outcomes for people supported by the service.

A detailed Business Support Plan was in place and overall, there was strong oversight of service delivery. To ensure that actions identified are addressed and continuous improvement, the service should ensure that the plan is Specific, Measurable, Achievable (or Attainable), Relevant (or Realistic), and Time-bound.

Evidence from this inspection told us that management had developed good working relationships with multi-disciplinary professionals to ensure better outcomes for people they support. They had involved staff and people supported by the service, in their journey of improvement.

We found that appropriate actions had been undertaken for any incidents, but notifications had not been made to the Care Inspectorate. We spoke with management about the legal requirement to notify the Care Inspectorate of notifiable incidents and guidance provided.

(See area for improvement 1).

Management were a visible presence within the home and had good oversight, and running of the home. They were responsive to suggestions for developing practice and service delivery, with the overall aim of providing better outcomes for people the service cared for and supported.

Areas for improvement

1. The service should ensure that any incidents, accidents, causes for concern and staff absences are notified to the Care Inspectorate as per our notification guidelines: Guidance on records you must keep and notifications you must make (March 2025).

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)

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

How good is our staff team?

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.

Since the previous inspection the service had experienced some challenges with staffing. Recruitment in this area had proven to be extremely challenging and an area that management continued to address. Management had been creative in addressing ways to support recruitment in this area, for instance offering work placements and SVQ/modern apprenticeships. Despite challenges with staffing, staff told us about mutually supportive teamwork and a supportive management team

During this inspection we found there was an appropriate skill mix of competent staff providing support to ensure that that people's needs were being met with the right number of people. As part of service improvement, a staffing tool was being developed. This would ensure methods and analysis were in place to support the decision making for staff cover. We will look at this during the next inspection.

Staff demonstrated warmth, kindness and compassion in ways in which they supported people. We observed staff taking time and care to support people. People told us; "They look after me very well" and "staff are amazing and many go above and beyond".

Staff told us they enjoyed their jobs and felt supported by management. They spoke about an 'open door policy', whereby they could access advice and support. There was a strong sense of teamwork.

Staff we spoke with felt they had appropriate training to undertake their job role safely and could tell us the appropriate actions to be undertaken if they had any adult protection concerns. However, we found that some staff had not yet undertaken the recently acquired adult protection training. We spoke with management about making sure all staff had completed this training in a timeously manner, ensuring that they have a clear understanding of their responsibilities and people are protected from harm and abuse.

A staff supervision and appraisal policy was in place but required clarification about timescales for how often this should be undertaken. Supervision and appraisals had been identified as an action on the Service Business Plan but many staff had not had supervision. Supervision provides an opportunity for staff to reflect on their practice development and well-being, which contributes to safe, high-quality care for people. **(See area for improvement 1).**

Areas for improvement

1. All staff should receive regular supervision in line with the service's policies and procedures. Supervision supports reflection, development, and wellbeing, which contribute to safe, high-quality care for people.

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'.
(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 home was maintained to a high standard. There were high levels of cleanliness and evidence of audits being undertaken for maintenance and cleaning, ensuring the home was safe and well maintained. Systems were in place for safety checks, servicing and maintenance.

People had personalised their bedrooms. There were various places for people to sit within the home if they wished to spend time alone, with family or participating in activities. Relatives and friends could access a kitchen to support with making drinks and meals, if required.

The home had good natural light, was comfortable and the layout was spacious. Where appropriate, people could access the outdoors from their rooms.

We spoke with management about the Kings fund dementia friendly assessment tools to look at ways to enhance the environment for people living with dementia, such as clearer signage.

The home had an 'open doors policy' where family members were actively encouraged to visit and spend time. It was inclusive within the community; supportive of people visiting to offer spiritual support and guidance, recreation and activities to support people's wellbeing.

How well is our care and support planned?

4 - Good

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

Personal plans were person centred, and highlighted people's strengths and abilities. They contained good summaries of people's life histories, achievements and things which were important to them.

Personal plans were outcomes focused, the exception to this was for some people in relation to activities. We spoke with management about continuing to develop the positive work undertaken with individual outcome focused activities within the home.

The service used a range of health assessment tools to monitor people's health and wellbeing. Risk assessments were in place, reviewed on a regular basis, and actions and follow up taken. We found a few anomalies with recording and follow up and as already discussed, this will be an area for improvement.

Throughout this inspection we found that staff were knowledgeable of people's health needs and choices. Feedback from relatives and professionals was that their views were sought and this was incorporated into care plans. Legal guardians and people supported by the service, were regularly informally updated to ensure relevance and accuracy. We found that some reviews had not been undertaken in a timely manner. We spoke with management about the legal requirement for reviews of personal plans to be undertaken at least every six months, or when there is a significant change in care need.

Where people had legal arrangements in place, this had been recorded, and copies of legal documents and powers were sought by the service. Ensuring that when people were unable to make their own decisions, the views of those who know their wishes were sought and taken into consideration.

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

Requirements

Requirement 1

By 8 May 2025, the provider must ensure they keep people safe and healthy by making certain that medication management is handled and administered correctly.

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

- a) carry out a medication audit to establish a baseline which identifies what improvements are necessary and implement those;
- b) ensure that people administering medication are suitably trained and that they have had their competency assessed;
- c) introduce regular auditing processes to check medication, identify errors and rectify them.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) 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:

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

This requirement was made on 28 March 2025.

Action taken on previous requirement

During this inspection we found that:

- a) Medication audit had been undertaken in May 2025 to establish a baseline which identified improvements required. Further to this, the service had worked alongside local GPs and Pharmacy to implement changes.
- b) Competency assessments had been undertaken for staff who administer medication.
- c) Auditing processes were now in place on a weekly basis.

We acknowledged the work undertaken by the service to improve medication management and safe practice. However, when reviewing personal plans we found anomalies in some of the information recorded. Management recognised that medication management is an area that requires ongoing work and spoke about plans to move to a digital system for medication and provided the updated draft medication procedure.

We spoke about implementing a more regular auditing system, to identify and rectify any errors and a medication error pathway established.

The requirement has been met. However, there will be an AFI for medication.

Met - outwith timescales

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 positive outcomes for people who use this service, the provider should ensure timely reviews of personal plans are undertaken. Personal plans should identify how the health and well-being needs of people are being met. Personal plans should be complete, accurate and contain sufficient information to ensure people's needs are met and reflect the wishes and choices of people.

This is to ensure that the 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).

This area for improvement was made on 28 March 2025.

Action taken since then

We found that personal plans were overall of a good standard. They contained detailed information about life stories and preferences of people, and the health needs of people. Follow up actions had been taken to ensure that people's health and wellbeing needs were being met.

We spoke with management about continuing to develop person-centred assessments, and outcome-focused planning for people supported by the service.

We found that some reviews were not undertaken in a timeously manner. Personal plans must be reviewed in line with legislation, which is at least every six months, or when there is a significant change in care needs, these had not taken place for all residents. We spoke with management about the regulation for reviews to be undertaken, to show that people experienced the right high-quality care and ensure their wishes and views were respected

This area for improvement has not 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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