

Home Farm Care Home Care Home Service

Home Farm Road
Portree
Isle of Skye
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Type of inspection:
Unannounced

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Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2021000126

About the service

Home Farm Care Home is a care home situated in a residential area of Portree on the Isle of Skye. It is close to the amenities of the town, and the service has access to a minibus.

The service provides nursing and residential care for up to 35 older people, and all bedrooms have en suite toilet facilities. There were 25 people living in the home at the time of this inspection.

Accommodation is arranged over two floors, with both stairs and lift access to the top floor. There are lounges on both floors, and a large dining room on the ground floor. There is a garden area to the back of the home, and a car park to the front.

The provider is NHS Highland.

About the inspection

This was an unannounced inspection which took place between 18 and 21 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 11 people using the service and 10 of their relatives or representatives
- spoke with or received survey responses from 24 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Quality assurance processes in the service had improved.
- The management team worked well together.
- Improvements and repairs to the environment were required.
- Recruitment and retention of permanent staff continued to be a challenge.
- Better oversight and supervision of regular agency staff was needed.
- Care plans were of good quality and contained important information.

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?	3 - Adequate
How good is our setting?	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 clearly outweighed areas for improvement.

People were supported by staff who were kind, respectful and responsive to their needs. One person told us:

"It's a good home. The patients are important. If I need anything it's always been done."

There had been improvements to the records kept within the service, such as healthcare screenings and daily notes, this meant people's health and wellbeing could be monitored and reviewed more easily. We highlighted some gaps in oral care records to the service.

Medication was stored and administered appropriately and staff appeared confident in this aspect of their role. Protocols for the administration of PRN 'as required' medication were not always in place, or the effectiveness of these was not always being recorded (see area for improvement 1).

People had access to a programme of activities, led by a group of activities staff, this includes access to a minibus for days out and community trips. People's preferences and engagement was well recorded to inform future activities plans.

Food was prepared on site and kitchen staff knew people well. Mealtimes were well organised and where people needed 1:1 support this was provided in an attentive and kind manner, this meant people were likely to benefit from better nutritional intakes.

Areas for improvement

1. The service should ensure that people experience safe and effective support with the administration of their medication through suitably detailed protocols for the administration, recording, and reviewing of PRN 'as required' medication.

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

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

How good is our leadership?

4 - Good

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

The management team within the home had developed and embedded a good quality assurance system since the last inspection, this provided improved oversight across the service. Regular audits undertaken included care plans, healthcare assessments and medication competency checks for staff.

Staff told us they felt well supported by management and felt there was an open-door policy. One staff member told us:

"It's a very supportive team and the management team work well together."

There was generally a member of the management team on site seven days week, this provided a supportive culture and ensured leaders were visible in the service. Ongoing recruitment and staffing related tasks required a significant amount of the management team's time. Senior management had been supportive of capacity within the management team of the home and recognised where this needed to be increased to provide the best outcomes for people, with plans to increase capacity going forward.

Services are required to inform the Care Inspectorate of certain notifiable events and there were occasions where notifications had not been submitted by the service (see area for improvement 1).

Areas for improvement

1. The management team should submit relevant notifications to the Care Inspectorate as outlined in the notification guidance.

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

'I use a service which is well led and managed' (HSCS 4.23).

How good is our staff team?

3 - Adequate

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

Staffing had remained one of the biggest challenges for the service and we recognised the difficulties the location of the service had contributed to this due to the availability of accommodation and transport for staff locally.

The service was reliant on agency workers to safely staff most shifts. Significant effort had been made to try and maintain some consistency and continuity amongst the agency staff used, this meant several agency workers had been working in the service for a significant period of time. We would expect regular staff to receive supervision and training; supervision, training and observations of practice enable staff to develop and improve their practice through reflection and provide the leadership team with the opportunity to have a robust oversight of regular staff members practice (see requirement 1). We asked the service to ensure all staff wore a name badge clearly to ensure they were easily identifiable to people and visitors.

A dependency tool was being used to inform the staffing levels and skill mix within the service, the management team should ensure that any other considerations made when planning staffing, such as the layout of the building and other relevant factors are clearly documented.

Staff were flexible and dedicated to the people they supported and often covered additional shifts to support with vacancies or absences within the service. Staff told us they felt well trained and recognised the importance of their roles in meeting people's outcomes. One staff member told us, "We want to try and improve people's overall quality of life. We try to ensure people feel like this is their home."

Requirements

1. By 16 April 2026, the provider must ensure that people are supported by staff, including bank and agency, who have completed mandatory training relevant to their role, and received supervision which promotes reflection and best practice.

This must include, but is not limited to:

- a) documented supervision and appraisal for staff, at intervals outlined in the organisation's policy
- b) ensuring that all mandatory staff training is up-to-date, and recorded appropriately
- c) ensuring that quality assurance checks in relation to staff practice are planned and undertaken, including observations of practice.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019 and 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 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?

3 - Adequate

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

There had been significant work undertaken within the building and grounds in recent years, since the current provider took over the service. There remained several areas of maintenance and improvements which had been not yet been completed and were identified as necessary for the home to be safe and to meet people's needs, such as changes or repairs to internal doors within the building and the internet connectivity (see requirement 1).

There had been recent issues with the internet connectivity in the service, the management team had ensured an interim measure was available while the provider progressed a repair. The internet was used within the service to enable people to connect with loved ones, watch television, access church services and facilities activities, therefore was essential to enable people to meet their outcomes on a day-to-day basis.

Day-to-day safety checks and maintenance were carried out appropriately and there were arrangements in place for the servicing and maintenance of equipment within the service. The environment was clean and staff were observed using personal protective equipment (PPE) appropriately, this ensured a good standard of hygiene was maintained and reduced the risk of infection to people within the home.

People's rooms were homely and personalised and the service had utilised spare rooms for the storage of equipment to ensure this did not reduce the living space available to people.

Requirements

1. By 16 April 2026, the provider must ensure that ongoing repairs and maintenance to the building and facilities are completed, and that future maintenance or improvements are identified and planned.

The must include, but is not limited to:

- a) repairs to the internet connectivity within the building to ensure it is fit for purpose
- b) repairs and changes to internal doors within the building to ensure these are in good condition and can be used safely
- c) ensuring the environment is assessed regularly to identify improvements, this may be through use of a tool such as the 'King's Fund Tool'
- d) ensure that identified improvements are actioned promptly.

This is in order to comply with Regulation 10(1)(2) 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:

'If I experience 24 hour care, I am connected, including access to a telephone, radio, TV and the internet' (HSCS 5.10); and

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

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.

Care plans provided detailed information relating to people's health and wellbeing which provided staff with the necessary information to support people effectively. Day-to-day records were generally completed. Some gaps were noted in people's daily notes folders, such as in oral care charts, which should be monitored through audits going forward.

Records reviewing people's engagement and preferences for activities was thorough and of good quality. Documents used to record people's health information, such as screening tools or notes relating to medical appointments, were clear and well documented.

Six-monthly care reviews were being undertaken, some of these would benefit from more in-depth recording and the service should use internal quality assurance processes to ensure there is a consistency quality of records. Some relatives were not aware of the service's obligation to review people's care and support every six months and we asked the service to ensure this was made clear to relatives and legal representatives.

Legal documentation was present in care plans where applicable, such as power of attorney documents and certificates relating to capacity or resuscitation and the service had good oversight of when these should be reviewed, this meant people could receive appropriate care and support when needed.

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

Requirements

Requirement 1

By 20 June 2024, the provider must ensure people are provided with the right care and support which is well led and managed.

To do this, the provider must, as a minimum but not limited to, ensure:

a) there is sufficient management and leadership capacity to lead effective continuous improvement, to include;

- a structured system of staff practice observations, supervision and appraisal;
- an effective and responsive audit timetable is put in place;
- oversight of accidents and incidents, ensuring the Care Inspectorate are informed timeously of any notifiable events;

b) ensure people who live in Home Farm and their families/representatives are given the opportunity to have their views heard and taken into account;

c) the outcomes of all the above are used to inform self-evaluation processes and a service improvement plan which is used to monitor progress.

This is to comply with Regulations 3 and 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

This requirement had been continued until 20 December 2024 and will continue again until 7 March 2025.

This requirement was made on 21 March 2024.

Action taken on previous requirement

The management team within the service showed a strong commitment to working together and ensuring consistency in their work.

The service had implemented a structured system of quality assurance, which was easy to track, this included medication processes such as staff competency checks and practice observations.

The service was seeking the views of people supported by the service and their relatives through their own methods of self-evaluation and feedback from both groups was that they felt the management team were approachable and responsive to feedback.

The service improvement plan was of good quality, it had been informed by self-evaluation and updated regularly to reflect ongoing improvements within the service.

Some notifications required to be made to the Care Inspectorate had not been submitted, a separate area for improvement has been made relating to this. Please see the section titled 'How good our leadership?'

Met - outwith timescales

Requirement 2

By 14 December 2024, the provider must ensure that service users experience a service which is well led and managed and which results in better outcomes for service users through a culture of continuous improvement.

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

- a) that staff are led, directed and supported by suitably qualified and skilled leaders on each shift, ensuring that roles and responsibilities are clear;
- b) that the care service users receive is effectively monitored to ensure that it meets their needs;
- c) that managers and leaders carrying out quality assurance processes have the appropriate skills, knowledge and understanding;
- d) that, where improvements are identified, these are taken forward as a matter of urgency to address potential impacts on people's experiences;
- e) that robust follow up actions are taken to minimise risks of harm to people living in the care home.

This is 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:

'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).

This requirement has been extended to 4 April 2025.

This requirement was made on 4 September 2024.

Action taken on previous requirement

There was always at least one nurse in the building who was leading the shift. During the majority of the day a member of the management team who is a registered nurse is also on site. Shifts leads were observed to be competent and aware of their roles and responsibilities when leading a shift. Handover meetings between shift leads were thorough and well led.

The improved quality assurance processes within the home provided the management team with a more robust oversight of the care provided within the service and the associated tasks were being shared appropriately amongst the management team.

The service was responsive to action improvements within its remit and was escalating actions required by the provider appropriately.

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 promote people's ability to benefit from high quality care and support based on relevant evidence, guidance and best practice, the provider should:

a) improve how they record and monitor people's needs on their health-based assessments available in the service.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS4.11).

This area for improvement was made on 4 September 2024.

Action taken since then

Healthcare screenings and assessments such as 'Malnutrition Universal Screening Tools' (MUSTs) and pressure ulcer risk assessments ('Waterlows') were sampled and found to have been checked and updated regularly. Charts were being updated regularly, and any abnormalities were being actioned promptly.

This area for improvement has been met.

Previous area for improvement 2

To ensure that people get the care and support that is right for them and staff are fully informed about people's care and support needs, the service should as a minimum, ensure:

- a) people's support plans are always up to date, in particular where a person's care needs or risk level changes, such as a change in their health or equipment to be used;
- b) people's support plans contain sufficient information to guide staff about people's specific care needs, especially where this involves a specific prescribed treatment;
- c) regular audit is undertaken to ensure standards in care planning and documentation are maintained;
- d) have an effective system for ensuring people's twice-yearly reviews of their personal plans are undertaken.

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

'My personal 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 21 March 2024.

Action taken since then

Support plans were sampled and were of good quality, and contained information relevant to people's health conditions they had been checked and updated regularly, usually monthly in most cases.

Care plans audits were being undertaken by the management team as part of the quality assurance processes within the service, and were highlighting any action identified as necessary, the service should ensure completed actions are recorded appropriately.

A review tracker document was being used to identify when six-monthly reviews were due to be undertaken, this was working well.

This area for improvement has 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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	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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