

Whinnieknowe (Care Home) Care Home Service

Mill Road
Nairn
IV12 5EN

Telephone: 01667 452 387

Type of inspection:
Unannounced

Completed on:
28 January 2026

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003008464

About the service

Whinnieknowe (Care Home) is a large country house, which has been adapted and extended. It is situated on the outskirts of Nairn. The care home is registered to provide care for 24 people. During the inspection there were 22 people residing in the home.

The single bedrooms all have an en-suite shower and toilet, some of which have been recently upgraded. There are two sitting rooms, a dining room and a conservatory. There is a lift to enable people to access the upstairs bedrooms. Assisted bathrooms are available upstairs and downstairs.

The garden grounds are secure and easily accessible to people using the service, and these include some pleasant seating areas.

The service is provided by Crossreach, which is part of the Church of Scotland.

About the inspection

This was an unannounced inspection which took place from 20-22 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 eight people using the service and 10 of their family/friends/representatives
- Spoke with 13 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with, or had written feedback from five visiting professionals.

We also reviewed feedback obtained via surveys from relatives and staff that were submitted prior to the inspection .

Key messages

Staff consistently supported people in a caring and respectful manner.

People's health and wellbeing benefits from the effective relationships established with local health and social care professionals.

The service benefits from approachable and stable management.

Activity provision should be reviewed, to extend the availability of meaningful provision for all.

Protocols and guidance are needed to support as required and topical medication administration.

The service would benefit from recruiting more staff as they are extremely reliant on agency staff to maintain service delivery.

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 setting?	4 - 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. The strengths had a significant positive impact on people's experiences and outcomes. However, some improvements are still required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

People experienced warmth and kindness from the staff team and were treated with dignity and respect.

Families told us staff were caring, and supportive, and felt confident their relatives were safe. Overall, relatives told us that they were happy with the care that their loved one was receiving. People were being supported to look their best, and to retain their standards in grooming and dress.

People described a calm environment, and some people told us about how their relatives had benefitted from becoming resident in the home, with apparent improvements to their wellbeing being supported. Relatives told us that they felt welcome in the home, and that although they were aware of the presence of agency staff, there was some evident continuity in the staff who they regularly saw when they visited. The atmosphere within the home was pleasant.

Relatives told us that communication with the service worked well. Important information about their relative was being shared. People were supported to keep up and maintain their relationships with important others.

Comments from relatives included:

"My relative is very well looked after & all his needs are paid attention to".

"My relative is well looked after and always seems happy in himself".

Mealtimes were well organised. Tables were set nicely and staff assisted people appropriately. People had time to enjoy their meals. Most people said that they enjoyed the meals, although there were also some comments to suggest that they could be more varied, or were inconsistent. We highlighted that there was scope to improve how information about people's dietary needs and preferences has been made available in an easily accessible format for kitchen staff.

Records were maintained about people's food and fluid intake, and about other aspects of their health and wellbeing. These were used to inform and help evaluate whether any additional referrals or interventions were required.

The service had effective arrangements in place for contact with other agencies, including GP and community nursing services. The service shared any concerns they had for a person's health with appropriate professionals. This helped people to keep well.

The service has part time activity provision in place over 5 days. There were some enjoyable activities taking place over the days we visited. For example, a musical entertainment session, and a visiting therapy dog. Armchair exercises being offered and could see that for some daily devotions were central to their day. However, despite these positive elements, it seemed that some people did not have enough to do.

Relatives commented:

"Residents appear to be left in lounge with a tv for background noise".

"Organised activities are limited.... and other than that there is very little to do".

This was apparent particularly for people for whom group activities were not preferred, or where a more individualised approach was necessary to enable participation.

Care staff were continually busy with care tasks and did not often have the ability to meaningfully support activity delivery or engage with people in meaningful conversations. The manager had begun to consider how meaningful opportunities could be further developed.

(See area of improvement 1)

Medication was generally managed carefully for people. There were regular checks in place, including daily counts being implemented. There was good understanding of the considerations where covert medication was required. These provided assurance about medication practice. The service was administering 'as required' medication (medications only needed occasionally e.g. for pain). However, there was limited guidance available to guide staff and support them to identify when certain medicines should be administered. It was also evident that topical medication practice was similarly affected, with insufficient direction and detail documented to guide staff with the application of creams and lotions. (See area of improvement 2)

Areas for improvement

1. To support people's wellbeing and social inclusion, the provider should ensure everyone has the opportunity to participate in activities as per their choice of interests and activity plan. This should be both indoors and outdoors and include connecting with the local community.

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

'I can choose to have an active life and participate in a range of recreational, social creative, physical and learning activities every day, both indoors and outdoors'. (HSCS 1.25)

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential'. (HSCS 1.6)

2. To ensure that people benefit from their topical and "as required" medication the service should ensure that suitably detailed protocols are in place, to inform the consistent and appropriate administration of prescribed creams and lotions.

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

"I am assessed by a qualified person, who involves other people and professionals as required". (HSCS 1.13)

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.

Management had an active presence and led by example. They knew what was happening in the care home and were seen as approachable by the staff team. The management team were responsive to areas identified during the inspection. For example, they will arrange to provide some catheter care training for staff and will complete with some practice observations, to assure themselves that staff have the right knowledge and skills necessary to support this area of practice .

Reviews were taking place, and there was good oversight of this to ensure that the necessary timeframes were being adhered to. We identified that oversight of review action plans could be strengthened, and a plan has now been implemented to use supervision to confirm that agreed actions have been progressed.

Management had made good relationships with partner agencies and this, too, was an important factor for ensuring the quality of the care and support.

Audits were being regularly completed, and actions for improvement were recorded on the service improvement plan. We could see that there was progression with the improvement plan with actions being completed. The manager uses a series of trackers to ensure that oversight is maintained of key areas such as training, supervision and reviews. Good use was made of safety cross tools to support oversight and practice around falls and tissue viability. Good practice was evident in regular examination and follow up of adverse events such as, falls to check that the right actions had been taken.

During the inspection, we observed some good practice in rostering additional staff to support a resident being discharged from hospital, to make sure staffing levels could meet their needs, and keep them safe until they settled back in to the home. However, there was also feedback reflecting that people, both staff and relatives did not feel there were always enough staff. Comments from relatives and staff included: "I would not like to change anything but would suggest they could use some more staff". "I feel the service needs an extra member of care staff on each shift. I believe this would allow carers to spend extra time with residents whilst receiving personal care and carers would not feel rushed". "Occasionally I feel they are short staffed".

The management team undertook a monthly review of people's care and support needs, and the staff hours needed to meet these. We discussed the need of building on their findings using qualitative information, from practice observation, feedback from staff and other stakeholders, and using professional judgement to strengthen the impact of these on staffing levels.

Staffing levels were fragile due to the number of vacancies for care assistants. To ensure this did not impact negatively on people living in Whinnieknowe, agency staff were used daily to cover gaps in the rota. Many of the agency staff were very familiar with Whinnieknowe, having worked there regularly. This meant people experienced some continuity of care because they knew the staff well. The service continues to try and recruit to vacant posts, with some recent success. However, these challenges continued to impact. To further mitigate the impact of these circumstances and promote high quality care and staff learning and development, we discussed the benefits of extending supportive, monitoring and appropriate training opportunities for agency staff. We have made an area of improvement about this. (see area of improvement 1)

Areas for improvement

1. To make sure people experience high quality care and support which will enable positive outcomes for people, the service should extend supportive and development opportunities, and oversight, into arrangements for the use of regular agency staff, to build on their awareness of people's needs.

This is to ensure that care and support is consistent with 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?

4 - Good

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

The environment at Whinnieknowe was generally clean, comfortable and homely. People benefitted from personalised bedrooms which reflected their choices, helping them feel settled and at ease in the service.

The communal areas were tidy, well-maintained and appropriately furnished, creating spaces where people could relax and spend their time. This contributed to people feeling safe and comfortable in their surroundings.

People had access to ensuite bathroom facilities and could choose to use the communal bathroom if they preferred a bath. This flexibility supported dignity and personal choice.

Environmental safety checks, and equipment maintenance checks were in place and up to date, which supported people's safety and wellbeing. We saw completed records for fire safety; equipment checks and cleaning schedules. Staff were following routines that helped prevent infection and maintain good standards of hygiene.

During the inspection, we highlighted a safety risk in relation to an unsecured door. While we satisfied that this concern was quickly addressed, we highlighted the need to ensure that premises walkarounds are robust and will successfully identify any environmental health and safety issues, that have the potential to impact on people's safety and comfort.

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 developed when people moved into Whinnieknowe, and overall contained detailed information that support staff to understand peoples needs. While continuing to use electronic systems, we were advised that the current system was due to be updated. The provider was confident that this would enhance how support plans were set out.

Assessments were being completed and used to guide support. We found that the service had worked well to improve effective recording about aspects of people's health and wellbeing. Risk assessments were being completed, and these were centred around the persons needs. Our findings were that the previous area of improvement, related to ensuring health changes were updated, had been met.

We observed that there were some gaps in what was included in personal plans. This included where we found that there was a lack of information regarding the individual's life history, or sufficiently detailed information about how to best respond to residents' stress or distress.

Although, some information was included about people's preferences in relation to meaningful activity, this did not fully extend to how this would be enabled. We have made an area for improvement to address this. (See area of improvement 1)

Areas for improvement

1. To ensure staff have the right information to build trusting relationships with residents, and know their needs and preferences, support plans should reflect things that are important to them, and be sufficiently detailed as to how their needs and wishes are to be met. This should include information about:

- a) People's choices and preferences for social activities and opportunities, including the support they will require to participate in these.
- b) Details regarding how people's stress and distress care needs are to be met.
- c) Information about people's life history.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

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

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 and keep people safe, the provider should as a minimum, but not limited to:

- a) Ensure that any change in a person's health and care needs or in people's risk, for example food based recommendations are recorded accurately and always kept up to date;
- b) Ensure where an individual is at risk of skin damage, details about any care equipment used are recorded accurately and their skin integrity care plan is updated monthly or sooner if their care needs change; and
- c) Ensure following an incident which has led to skin damage, the care plan is immediately updated and associated documentation completed to include using a body map, a review of the skin integrity assessment, incident form as well as the 'daily notes'.

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'. (HSCS 1.15)

This area for improvement was made on 19 February 2013.

Action taken since then

The service has met the specific details included in this area of improvement. However, there will be a new area of improvement about care plans, to reflect where further work is necessary.

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 setting?	4 - Good
4.1 People experience high quality facilities	4 - 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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.