

Hamnavoe House Care Home Service

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Type of inspection:
Announced (short notice)

Completed on:
3 February 2026

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2003009101

About the service

Hamnavoe House was opened in 2020. The home has four wings, three of which are currently in use. Care and support is currently provided for up to 30 older people, with the service being registered to provide a care service to a maximum of 40 older people in total.

Each wing within Hamnavoe House provided smaller group living for up to 10 older people, with a communal lounge, dining area and kitchen. There was good access to outdoor spaces and the service had access to a minibus for some trips out from the care home.

About the inspection

This was a follow up inspection which took place on 29 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 and spent time with three people using the service
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents

Key messages

- Staffing levels had improved in this service
- Staff had more time to meet people's needs and wishes
- Regular checks and monitoring for the care home environment worked well
- People's home was well looked after

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 good is our staff team?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

4 - Good

We assessed this as good. This means there were important strengths with only some areas for improvements. This evaluation is an improvement on the previous inspection's evaluation.

For this follow up inspection, the focus was on sufficient staff numbers to provide suitable support. For the last few months staff levels had been increased and this had a positive impact on the care and support people experienced. There were new, agreed, levels for what number of staff were required to suitably meet people's needs and wishes. Staff and management reported that this benefitted people as the service could be more responsive to people and meet their needs in a timely way. Activity support hours had also increased and this provided people with the opportunities to spend their day in different ways that were enjoyable or interesting to them. Overall, there was a more relaxed atmosphere in the home and people were supported in ways that suited them.

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

Requirements

Requirement 1

By 24 September 2025, the provider must ensure that people's staffing arrangements are right to support their health and wellbeing.

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

- a) ensure assessments for people reflect people's abilities and wishes and reviewed regularly so as to give a full and accurate picture of what staff levels should be, including at different times during the day, and
- b) review staffing arrangements to enable staff to work in a person centred and person led way with people.

This is to comply with 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: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This requirement was made on 25 June 2025.

Action taken on previous requirement

This Requirement was met. See under Key Question 'How good is our staff team'.

The service provider had responded to this requirement in an effective manner. Careful thought went into what actions were necessary to improve the staffing situation. The management team were ensuring that staffing, including the staff rota, was planned in advance, able to be flexible, and was reflective of the needs and wishes of people.

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 people's safety, health and wellbeing, the provider should ensure quality assurance and checks are undertaken following best practice and on a set, appropriate and regular basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ' My environment is secure and safe' (HSCS 5.17)

This area for improvement was made on 25 June 2025.

Action taken since then

This area for improvement was met. The checks and monitoring for ensuring the quality, suitability and safety of the premises were consistently undertaken. Checks took place at agreed, assessed intervals, for example, daily, weekly or monthly. The manager had quality assurance measures in place so that it could be confirmed the checks were happening as agreed. People can be confident that their care home is well looked after, maintained and kept safe.

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 good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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