

Kalisgarth and Very Sheltered Housing Housing Support Service

Kalisgarth Care Centre
Pierowall
Westray
Orkney
KW17 2DG

Telephone: 01856 871 134

Type of inspection:
Unannounced

Completed on:
6 February 2026

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2005106915

About the service

Kalisgarth and Very Sheltered Housing service provides a housing support and care at home service to people living within Kalisgarth Care Centre, which is a purpose-built facility with private tenancies.

The service is located in the village of Pierowall on Westray, a Northern Orkney Island. Those supported by the service are also able to attend the adjoining day service which operates on a Monday and Wednesday, where they have opportunities to socialise with people from the wider community.

The provider is Orkney Islands Council.

About the inspection

This was an unannounced inspection which took place between 2 and 6 February 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 or interacted with six people using the service and three of their family or representatives
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- There were limited quality assurance measures in place.
- People received responsive and attentive care and support.
- Formal reviews of people's care and support were not being undertaken.
- Staff supervision arrangements continued to require improvement.
- People benefitted from a consistent team of care staff providing their support.

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?	5 - Very Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

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

People experienced warm and compassionate care which supported them to meet their outcomes effectively. Staff showed a strong understanding of people's health conditions and worked consistently to promote their wellbeing and independence. People were supported to access healthcare appointments and referrals as required, and there were strong links with external professionals, this meant people benefitted from responsive care and support.

One professional told us:

"Kalisgarth stands out as one of the best [facilities] I have been involved with."

Staff appeared confident in how to safely administer medication. We sampled medication administration documents which were well maintained and completed appropriately. Where people were prescribed PRN ('as required') medication, we would expect a clear protocol to be in place outlining how, when, and why the medication should be administered. PRN protocols were not in place in the service, however, the management team responded immediately and provided assurances these would be completed promptly.

People were supported with flexible visit times to suit their routines and wishes, and staff were proactive in ensuring people could be supported at a time which was right for them.

One person told us:

"I can press the bell and they're there in a shot. It's a wonderful place."

Infection prevention and control (IPC) measures were well established, and staff consistently used appropriate personal protective equipment (PPE), this promoted good hygiene and reduced the risk of infection.

How good is our leadership?

3 - Adequate

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

Quality assurance processes within the service were not being undertaken consistently and processes were not robust, this limited the management's oversight of the service and the ability to identify and drive improvement (see requirement 1). A service improvement plan was in place, demonstrating an awareness of how to progress improvement in the service, however, this had not been updated since 2024, and the service had not yet started to use self-evaluation tools to inform this. We recognised that ongoing pressures on the management team had contributed to this, and that they were dedicated to supporting improvement within the service.

Medication competency checks were being undertaken as part of staff medication training, this provided assurances that medication practice was being monitored within the service. Where accidents or incident

had occurred, we found some records were inconsistent, and statutory notifications to the Care Inspectorate had not always been made.

Staff told us they felt the registered manager was approachable and supportive. People told us they felt comfortable approaching the management team and were confident that they would act quickly to support with any concerns or queries. Due to the rural location of the service, staff felt that the service could feel isolated from support when a manager was not on-site and felt more regular senior management visibility would be beneficial to staff morale.

Requirements

1. By 22 May 2026 the provider must ensure people receive care and support which is well-led and managed by establishing and maintaining a culture of continuous improvement with robust quality assurance and auditing processes.

To do this the provider must, at a minimum:

- a) ensure effective quality assurance and auditing systems are in place for all aspects of service delivery which support improved outcomes for people
- b) ensure appropriate capacity within, and support for, the leadership team to undertake quality assurance activities effectively, and for these to continue in the absence of the registered manager
- c) ensure quality assurance activities are used to identify improvements and inform the service improvement plan, with clear actions and timescales for each improvement.

This is to comply with Regulation 4(1)(a) and (b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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).

How good is our staff team?

4 - Good

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

There was a warm and friendly atmosphere at Kalisgarth. Staff spoke confidently about their roles, they demonstrated a clear understanding of their responsibilities, and how best to support people to meet their outcomes.

The staff team had remained stable and consistent, with many longstanding staff members, this meant people benefitted from a consistent staff team who knew them well and had good working relationships. Staff showed flexibility and dedication to their roles, often covering short term absences or vacancies which meant agency staff use in the service was very rare. We encouraged the provider to review the level of

support staff, such as administration support, available to the service, and how these roles could be effectively used to benefit service provision.

Safer recruitment processes were being following, providing assurance that appropriate pre-employment checks were being carried out for new staff. A variety of training was available to staff which provided them with the knowledge needed to undertake their roles effectively, this included both eLearning and in-person training. At times in person training had been disrupted by logistics or adverse weather conditions due to the rural location of the service.

People told us staff were kind, patient, and responsive. One person told us:

"They're more than helpful, they're wonderful, just wonderful. They know what they're doing, it's all very organised."

Staff supervision was not being carried out in line with the organisational policy. Supervision enables staff to develop and improve their practice through reflection and supports the leadership team with the opportunity to have a robust oversight of staff practice (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

How well is our care and support planned?

3 - Adequate

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

People's personal plans or care plans, were of good quality and contained clear and relevant information relating to people's health and wellbeing. Risk assessments had been completed and were updated routinely to ensure staff had the information needed to support people safely.

Some daily notes and charts, such as oral care records, were not being completed consistently. The service may benefit from considering where documents are located or stored and whether reviewing this could support more consistent record keeping.

Legal documentation and records, such as those relating to people's capacity, health, or legal proxies was stored appropriately.

Six-monthly care reviews were not being undertaken in the service. Reviews provide an opportunity to gather feedback from people regarding their care and support, and discuss whether it is meeting their outcomes (see requirement 1).

Requirements

1. By 22 May 2026 the provider must ensure that each person supported by the service has a review of their personal plan at least once every six months, or sooner if there is a change in their health, safety, or welfare.

This must include, at a minimum:

- a) a discussion regarding a person's outcomes and support needs with the person and/or their legal representative
- b) a record of discussions, decisions made, and any actions taken

c) clear updates to relevant documents, such as personal plans and risk assessments.

This is to comply with Regulation 5(2)(b) and 5(2)(c) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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

'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

The provider should ensure staff supervision is carried out in accordance with the provider's policy and procedures to ensure staff are supported to discuss and develop their roles and reflect on practice.

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).

This area for improvement was made on 14 November 2024.

Action taken since then

Annual staff appraisals had been undertaken. Staff had not received 1:1 supervision in line with the organisation's policy and procedures.

This area for improvement has not been met and will remain in place.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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