

Spynie - (Care Home) Care Home Service

Duffus Road
ELGIN
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Telephone: 01343 552 255

Type of inspection:
Unannounced

Completed on:
23 February 2026

Service provided by:
Intobeige Ltd

Service provider number:
SP2004005486

Service no:
CS2003055110

About the service

Spynie - (Care Home) is a care home for older people and it is registered to provide a care service to a maximum of 56 people. Five of these places may be provided to named individuals under 65 years old.

Spynie is a single storey building located on the outskirts of Elgin, it is a short distance from the town centre. There is a bus stop nearby. All bedrooms are single occupancy and have ensuite facilities. There are three units, each with their own dining and lounge area, conservatory, and private enclosed level-access garden.

There were 49 people living in the service at the time of the inspection.

About the inspection

This was a follow up inspection to assess the progress the service had made to meet the requirement and areas for improvements made at the last inspection on 1 October 2025. An unannounced inspection took place on 24 February 2026 between 9:00 and 13:45. 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, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with seven people using the service and one family member. Other people and their families were spoken to in the passing
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- A new manager was now in post.
- The requirement made since the last inspection was met.
- Adverse incidents or events were fully investigated and shared learning with staff had begun.
- There was ongoing refurbishment, including freshly painted walls and further planned investment in the courtyard gardens,
- Work continued to improve people's outcomes and experiences.

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

Requirements

Requirement 1

By 6 January 2026, the provider must ensure positive safe outcomes for people who use this service. To do this the provider should, at a minimum:

- a) Ensure all adverse events, incidents and accidents are fully and appropriately investigated.
- b) Ensure all adverse events, incidents and accidents are shared appropriately with other agencies, in line with local and national guidance.
- c) Where adverse incidents or accidents identify areas for improvement these should be detailed in action plans which must be developed and acted upon.
- d) Ensure all learning is shared effectively with staff.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 16 October 2025.

Action taken on previous requirement

The service demonstrated significant improvements in how it recorded and reported accidents and incidents. Unwitnessed falls, unexplained injuries, and episodes of stress and distress were all clearly recorded. Incident forms were completed, reviewed, and evaluated by the manager. Notification history showed effective communication with external health professionals and other agencies, the relevant protection guidance was being followed. This enabled people to receive coordinated and safe support.

Shared learning had begun. Communication with staff identified the incidents and key learning, though this needed further development. As the outcomes or required practice changes were not always clearly defined, this limited the impact on people's experience and safety.

The manager had introduced an event tracker system, to assist in ensuring all adverse incidents or events were fully investigated, and learning shared across the team. This approach strengthens accountability and helps improve outcomes for people.

This requirement has been met. However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained.

Met - within 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 ensure that people are treated with respect and dignity, the provider should educate and support staff to talk to people and about people, in a person-centred, inclusive manner.

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

'I experience care and support where all people are respected and valued.' (HSCS 4.3)

Area for Improvement Category

3.2 Staff have the right knowledge, competence and development to care for and support people

This area for improvement was made on 6 May 2025.

Action taken since then

This area for improvement was not fully evaluated at this inspection.

The new manager has identified that further actions are needed to fully address this area for improvement and strengthen outcomes for people. Although work has begun and early progress is evident, continued monitoring is required to ensure the planned improvements are completed and embedded in practice.

Previous area for improvement 2

To ensure people live in an environment that is well looked after and reduces the spread of infection, the provider should have a plan to repair and paint the walls and doors of the corridors and bathrooms.

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

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

Area for Improvement Category

3.2 Staff have the right knowledge, competence and development to care for and support people

This area for improvement was made on 6 May 2025.

Action taken since then

The home is clean, tidy, and free of clutter, which enables people to move safely and independently throughout each unit. The environment had begun to promote confidence and reduces risk, supporting people's overall wellbeing.

An ongoing refurbishment programme is actively progressing, and the recently repainted walls help create a fresh, well maintained, and welcoming atmosphere for people, visitors, and staff.

The service also has clear plans to enhance the courtyard gardens. This investment aimed to further improve people's access to meaningful outdoor spaces, supporting relaxation, social interaction, and improved quality of life.

This area for improvement has been met.

Previous area for improvement 3

To support activities the provider should ensure that staff and activities co-ordinators work together to provide meaningful activities which reflect individuals' interests and hobbies. Analyse the information recorded to inform the activities programme and seek feedback from people who use the service and families to offer people more enjoyable ways to spend their time.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 2 August 2024.

Action taken since then

This area for improvement was not fully evaluated at this inspection.

The new manager has identified that further actions are needed to fully address this area for improvement and strengthen outcomes for people. Although work has begun and early progress is evident, continued monitoring is required to ensure the planned improvements are completed and embedded in practice.

Previous area for improvement 4

To support people's health and wellbeing and maximise the time staff have to spend with people, the provider should review and improve the availability of shift leaders to effectively deploy staff, support good team working and assess the quality of people's every day care.

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

'People have time to support and care for me and to speak to me' (HSCS 3.16); and

'My care and support is consistent and stable because people work well together' (HSCS 3.19).

The management team had implemented a detailed action plan to support ongoing monitoring of their progress in addressing this area for improvement.

This area for improvement was made on 2 August 2024.

Action taken since then

This area for improvement was not fully evaluated at this inspection.

The new manager has identified that further actions are needed to fully address this area for improvement and strengthen outcomes for people. Although work has begun and early progress is evident, continued monitoring is required to ensure the planned improvements are completed and embedded in practice.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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