

Taigh a Chridhe Uile Naomh Care Home Service

Daliburgh
Isle of South Uist
HS8 5SS

Telephone: 01878 700 970

Type of inspection:
Unannounced

Completed on:
26 February 2026

Service provided by:
Comhairle nan Eilean Siar

Service provider number:
SP2003002104

Service no:
CS2003009712

About the service

Taigh a Chridhe Uile Naomh is a care home registered for 18 older people, including those with dementia.

The provider is Comhairle nan Eilean Siar. The service provides both long-term and respite care. At the time of inspection 16 people were being cared for.

The care home is in Daliburgh in South Uist.

The 18 bedrooms have en-suite shower rooms and 10 of the bedrooms also have a small kitchenette area.

There is a large lounge area with smaller lounges available for residents and their visitors. There is a main dining room, and another smaller dining area.

About the inspection

This was an unannounced follow up which took place on 19-25 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 with people using the service and three of their family;
- spoke with three staff and management;
- observed practice and daily life ;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- People had increased opportunities to have an active life and participate in planned activities.
- Staff training was required.
- Care plans were person-centred and outcome focused.

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
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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 followed up a requirement in this section in relation to how people's physical and mental wellbeing was supported. We acknowledged improvements through meaningful interaction and stimulation for people since the previous inspection. With this in mind we re-evaluated this key question from "Adequate" to "Good".

See outstanding requirements section of this report for additional information.

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

Requirements

Requirement 1

By 1 December 2025 the provider must ensure that people's physical and mental wellbeing is maintained through meaningful interaction and stimulation.

To do this, the provider must at a minimum:

- a) Consult with people about how they wish to spend their day.
- b) Implement a plan of daily activities which people can choose to participate in.
- c) Provide staff with guidance about how to engage with people effectively, in communal and individual bedroom areas.
- d) Designate key staff, in each unit, with the responsibility for guiding and leading staff in meaningful interactions.

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:

'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); and

'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)

This requirement was made on 19 September 2025.

Action taken on previous requirement

It was evident that a substantial amount of time and work had been put in place to develop and improve activities for people since the previous inspection. In part, this had been undertaken through the work of the 'Activities Group' and 'Connections Champion', the designated staff member for leading on activities within the home.

There was evidence of consultation with people in the home, family members and the wider community for ideas and suggestions.

The service produced a monthly newsletter documenting activities people had enjoyed and informed of planned activities. Outings were reflective of things people used to enjoy and were important to them. The service had taken a compassionate and enabling attitude when supporting people to participate in individual activities in their community.

We received feedback that the 'themed events' were popular with both people who are cared for at the service and staff. We recognised the time which had gone into planning these events. However, there remained a lack of daily activities which people could choose from. We spoke with the manager about continuing to develop the activities board, making it more dementia friendly. Despite numerous adverts the service had been unable to recruit an activities coordinator to support them with daily activities.

From discussion with staff there was more awareness of their role in supporting one-to-one activities with people. However this is an area that requires ongoing guidance for staff in leading with meaningful interactions, supporting better outcomes for people's health and wellbeing.

We acknowledged there requires to be ongoing progress in some areas of this requirement. However, taking into consideration the amount of work undertaken by the service, and benefits to people's wellbeing, this requirement has been met.

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 ensure people experience care which supports their health and well-being, the provider should ensure there are effective monitoring systems and clear support strategies to guide staff with regard to supporting people who are experiencing symptoms of stress and distress.

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

'My personal plan (sometimes referred to as a care plan) is rights 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 September 2025.

Action taken since then

Detailed stress and distress plans were in place, with clear support strategies to guide people with regard to supporting people who experienced symptoms of stress and distress.

We spoke with management about continuing to develop more effective monitoring systems, for instance evidence of what strategies or interventions are working and effective.

With this in mind, further time is required for this area for improvement to be met.

Previous area for improvement 2

All staff should complete essential training, to ensure that people receive support from staff with sufficient skills and knowledge for the work they are to perform in the service.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any unknown vulnerability or frailty'. (HSCS 3.18); and

'I have confidence in people because they are trained, competent and skilled'. (HSCS 3.14).

This area for improvement was made on 19 September 2025.

Action taken since then

Staff had undertaken core training, such as moving and handling, but to date not everyone had completed the dementia/stress and distress training. Ongoing training is required to develop staff understanding and awareness of stress and distress behaviours, and their role in the implementation of support strategies. Ensuring that people experience care which supports their health and well being.

With this in mind, further time is required for this area for improvement to be met.

Previous area for improvement 3

All staff should receive regular supervision in line with the service's policies and procedures. Supervision supports reflection, development, and wellbeing, which contribute to safe, high-quality care for people.

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'. (HSCS 3.14).

This area for improvement was made on 19 September 2025.

Action taken since then

We found evidence that staff had received supervision. We spoke with management about ensuring that actions identified in supervision have clear timescales to be followed up.

This area for improvement has been met.

Previous area for improvement 4

People should have the opportunity to access individual and group activities. An activity plan should be consistently implemented to ensure that a wide range of activities are offered both indoors and outdoors, meeting the needs and wishes of people using the service.

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).

This area for improvement was made on 19 September 2025.

Action taken since then

There had been a noticeable improvement in the wide range of activities offered since the previous inspection. We found evidence of people being supported to attend activities both indoors and outdoors.

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

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Care Inspectorate
Compass House
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