

S.I.L.C. Support Service (Skye & Lochalsh) Housing Support Service

Flat 4 Oronsay Court
Portree
Isle of Skye
IV51 9TL

Telephone: 01478 611 895

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Announced (short notice)

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Service provided by:
NHS Highland

Service provider number:
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Service no:
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About the service

S.I.L.C. is a combined housing support and care at home service for adults with a disability.

The service is predominantly located in a quiet residential area of Portree and provides support to people living in the town and in the wider community on the Isle of Skye.

Individual packages of care can be delivered up to 24 hours a day, seven days a week and is based on the needs of people using the service. A worker base is located within the housing complex in Portree so people who receive a service can easily access support out with their allocated times. Overnight support may be provided to people who require it.

During the inspection the service supported nine people.

The service is operated by NHS Highland, an integrated service incorporating adult social care services across the Scottish Highlands

About the inspection

This was an announced (short notice) inspection which took place on 25 and 26 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 six people using the service and three of their family representatives;
- spoke with eight staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

We also reviewed the information in surveys submitted to us before the inspection.

Key messages

Supported people benefited from warm and trusting relationships with staff.
 People enjoyed access to planned activities in the community.
 Recruitment continued, but staffing still presented ongoing challenges within the service.
 Staff training remained an area for development.
 Implementing regular quality assurance processes continues to be a priority.
 There was a positive focus on service improvement.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
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

We saw that staff treated people with dignity and respect. People told us that they got on well with staff and could talk to them about things that concerned them. This meant that issues could be picked up quickly and resolved. Supported people described positive relationships with staff, and we observed kind interactions between them.

One person told us :

'I feel happier than ever in my shared house at Oronsay court. I like showing people how to do things .. and I get thanked for it. This makes me feel happy. I feel safe in my house - the staff make me feel safe'.

Relatives we spoke with were overall happy with the service being provided to their loved one. People told us that communication between the service and relatives was good. This meant that relatives were confident that they were being kept informed and included.

People benefited from being supported to attend some regular activities, including supported employment in the local area. These enabled people to maintain their interests and develop new skills. We heard about staff facilitating outings and social events. For example, some people told us that they had visited Inverness at Christmas time, and that they had thoroughly enjoyed the experience. This helped promote a feeling of wellbeing.

However we also heard that staffing issues sometimes impacted on the team's ability to flexibly support people. For example one person told us, 'I would like opportunities to have outings for shopping trips; or overnight trips for shows at a theatre; or to attend local public events. Shortage of staff, and lack of accessible transport impacts on this'.

These comments were also echoed by some relatives and staff whom we spoke with. We discussed the need to focus on this area of practice so as to support better outcomes for people and enable individuals to get the most out of life.

Staff were able to talk knowledgably about people's support needs, and they understood what was important to them. Support plans provided good information about people's backgrounds, likes and dislikes. This gave staff a good overview of each person and enabled staff to provide care and support that was individualised.

Medication was being effectively managed. Clear records were being maintained, and these also promoted a consistent approach towards application of topical medicines.

People benefitted from links with local health and social care professionals who also provided support and oversight of people's care. We observed that people's health needs were being carefully monitored and that any emerging concerns were appropriately escalated. This helped ensure that people would get the right care when this was needed. Where appropriate, people were being supported to attend relevant health screening appointments, all of which supported people to keep as well as possible.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses.

The S.I.L.C service currently have interim management arrangements in place. Positively the leadership team had been strengthened, following the recent appointment of a resource manager, to support the interim registered manager. The registered manager was in touch with what was going on within the service, and was kept informed by the local team, with whom he was in regular touch. Managers were proactive in encouraging a process of social work led reviews to ensure that assessment and personal planning reflected people's outcomes and wishes.

Managers had completed a baseline assessment, and a realistic self evaluation of key areas of service delivery. This was followed by the development of service improvement plan. The plan was detailed, with realistic, achievable targets. Taken together, the planned actions were reflective of the key areas that need to improve. Suitable timescales have been set, and these were being updated and monitored. There was some evident progression in completing actions.

We saw that there were some quality audits happening. However, comprehensive quality assurance processes, including regular audits across important areas of service delivery, had not yet been fully implemented. Although this remains a priority action in the service improvement plan, we decided to make this an area for improvement as these are key to providing assurance about the quality of people's experience.

(See area for improvement 1).

The service management had not been informing the Care Inspectorate of certain events, for example, some incidents and accidents for people, which they were legally expected to inform us about. This was an oversight on the part of the service, but did mean certain events and concerns went unreported to the Care Inspectorate. We discussed this with the manager and suggested that some changes to who could submit notifications could support the reporting of these matters. **(See area for Improvement 2).**

Areas for improvement

1. To support good outcomes for people, and effective service delivery, the service provider should ensure that there are a range of checks and appropriate quality assurance procedures in place to identify any areas where improvements are needed.

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).

2. To promote people's safety and wellbeing, the service provider should ensure that the Care Inspectorate are informed of all notifiable events and incidents in accordance with best working practice and legislation. This is to assist in keeping people safe and well.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected'. (HSCS 4.18).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. People liked their staff and had developed a good relationship with them. Staff knew different people's preferences and the ways they liked to be supported.

Staff we spoke with were positive about their role and demonstrated a sense of optimism regarding service developments. Staff described good teamwork and a supportive ethos.

New staff had gone through suitable recruitment processes and checks before they started. They got a good introduction to their work role, including training and shadowing opportunities. People can have confidence that the service aims to recruit the right people for working in health and social care. These steps help make sure people were protected and assisted to keep well.

Regular supervisions have already been embedded into practice. Records evidenced that these were a supportive opportunity for staff, that also enabled oversight. Plans were being made to hold regular staff meetings. Currently competency checks were used in relation to specific practice areas, particularly medication administration. We discussed the merits of regular observational practice being used to assess the quality of people's experiences, with feedback positively supporting staff development.

Staffing shortages remain a feature of the service, and as previously referenced impact on some aspects of people's outcomes and experiences.

Recruitment continues, but due to the number of staff vacancies, the service relies on agency staff to provide cover. Positively the provider extends supportive and development opportunities, and oversight, into arrangements for the use of regular agency staff so as build on their awareness of people's needs. These included robust induction processes, including shadowing, as well as supervisions and competency checks. By planning agency cover well in advance they were also able to limit the number of different agency staff who were providing cover.

Staff training is mainly completed through completion of online courses. From looking at a sample of staff individual training records it seemed that there was good completion rates across the team for mandatory training. There were some gaps, and having readily accessible records, in a format that enables managerial oversight and audit, remains essential. However, to ensure that staff have all the necessary knowledge and skill for their role, a training needs analysis should be completed for each staff member, and a training plan, based on these findings should be prepared. There was a previous area of improvement about this which has not been met. (See previous area for improvement 2).

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.

Each supported person had a support plan in place. These provided tailored information for staff to follow. Support plans were generally well written, person centred and outcome focussed. Support plans included detailed stress and distress plans, and also hospital passports to promote continuity of care should a hospital admission be required. Brief summary support plans had also been made available for contingency situations, including to support new staff understand key areas of people's support.

Notwithstanding these strengths it was evident that some updating was required. This should ensure checking information across different sections of the plans, to thereby ensure consistency. Similarly risk assessments were in place, but reviews of these were overdue meaning that we could not be confident that these remained entirely up to date .

(See area for improvement 1).

The provider was in the process of arranging external (social work led) reviews for supported people. These are a key component of the service improvement plan and could significantly strengthen individual personal planning. It is important that these are carried out timeously, so that legislative timeframes for reviews are kept. We discussed the importance of ensuring that reviews took a holistic approach to reviewing each person's support needs. These should, for example, include medication needs. There was a previous area for improvement regarding this which has not yet been met. (See previous area for improvement 1).

Areas for improvement

1. To support positive outcomes for people who use the service, the provider should continue to make improvements to their support planning and associated documentation.

To do this, the provider should

- a) ensure people's support plans contain the most up to date information;
- b) review support and risk plans at least once in every six months , and when needs change;
- c) involve supported people and /or their relatives/representatives in reviews of their support plans.

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

'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27).

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

In order to support people in the right way at the right time and uphold their rights, the service should ensure that people's medication is kept under review to ensure it remains the only effective means to

ensure optimum health and wellbeing.

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

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively'. (HSCS 1.3).

This area for improvement was made on 14 May 2024.

Action taken since then

This area of improvement has not been met, and will be continued in this report.

Please refer to key question 5 for further information about this.

Previous area for improvement 2

To ensure care staff were kept up to date, and were able to maintain their skills and competence the management team should ensure that all staff complete mandatory training and updated /refresher training within the required/recommended timeframes.

In order to achieve this, they should ensure:

- a) individual training needs analysis is completed for each member of staff;
- b) training records accurately reflect the training completed;
- c) where gaps in training have been identified, action is taken to ensure staff have access to training that will enable those gaps to be closed;
- d) training needs with timescales for completing identified training is recorded in their supervision records.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 May 2024.

Action taken since then

This area of improvement has not been met, and will be continued in this report.

Please refer to key question 3 for further information about this.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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