

Catalina Care Home Care Home Service

Teaninich
Alness Point
Alness
IV17 0UY

Telephone: 01349 883 132

Type of inspection:
Unannounced

Completed on:
26 March 2026

Service provided by:
St Philips Care Limited

Service provider number:
SP2003003516

Service no:
CS2004074211

About the service

Catalina Care Home is registered to provide a care service to a maximum of 28 adults with mental health problems of which up to four places may be used for short break or respite care.

The home is located near the village of Alness, in Easter Ross which has a range of local amenities, shops and links to train and bus routes. Catalina has accommodation on ground and first floor levels. The service has 28 bedrooms with en-suite facilities. The premises include lounge areas, a large dining area and a central kitchen. Another kitchen is available for those residents who wish to prepare their own meals. Catalina has large, attractive grounds that people enjoyed and helped to maintain.

About the inspection

This was an unannounced follow up inspection that took place between 23 and 26 February 2026. The inspection was carried out by two inspectors 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 residents living in Catalina;
- spoke with staff and management;
- observed practice and daily life; and
- reviewed documents.

Key messages

There had been steady improvements since the last inspection that should be embedded into practice within the care home.

People were happy and well cared for.

Overall the environment was cleaner and fresher.

People's reviews needed to be progressed.

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 is our care and support planned?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How well is our care and support planned?

3 - Adequate

We had made a requirement at the last inspection relating to care planning. See section 'outstanding requirements' of this report for further information .

Care plans had been updated and contained sufficient information on how best to support people. There were still a number of outstanding reviews required. We discussed with the provider the importance of making reviews meaningful and fully involving the person and relevant others (see requirement 1).

Requirements

1. By 15 May 2026 in order to ensure people's physical, emotional, social and psychological needs are being met, the provider must ensure:

Each person has a written care plan that is regularly reviewed at a minimum of six monthly. Reviews should be meaningful and involve the person and relevant others.

This is in order to comply with Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services).

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 3.21); and

'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 requirements we made at or since the last inspection

Requirements

Requirement 1

By 23 February 2026 the provider must ensure staff have the skills and experience to meet the needs of "new residents" coming to live in Catalina Care Home. This must include a robust pre-admissions assessment that takes into account the needs of the current residents, and whether any new residents would be a "good fit."

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:

'If I experience care and support in a group, the overall size and composition of that group is right for me.' (HSCS 1.8); and

'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS1.13).

This requirement was made on 10 November 2025.

Action taken on previous requirement

The manager had a good understanding of her duty to ensure staff had the skills and confidence to support any new people admitted to Catalina. There had been no new admissions since the last inspection. When we looked at the reviewed admissions paperwork and discussed the admission's process with the manager, we were confident it was much more robust and led to a more thorough pre admissions assessment.

Met - within timescales

Requirement 2

By 23 February 2026 to promote people's well-being, the provider must ensure staff are available to support people to their health appointments.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' (HSCS 3.21); and

'I use a service and organisation that are well led and managed.' (HSCS 4.19).

This requirement was made on 10 November 2025.

Action taken on previous requirement

There had been no missed health appointments since the last inspection. There were improved processes in place to ensure health appointments were made a priority and arranged well in advance.

Met - within timescales

Requirement 3

By 23 February 2026 in order to ensure people's physical, emotional, social and psychological needs are being met, the provider must ensure.

- a) each person has a written plan which sets out how their holistic needs should be met. People and their relatives/representative should be given the opportunity to be involved in this process;
- b) action is taken to make any necessary improvements to reduce a person's risk level and update the care plan accordingly;
- c) relevant staff must be familiar with the content of the plan and have the necessary knowledge, skills and confidence to provide the care the person needs; and
- d) there must be effective arrangements in place to ensure the plan is regularly reviewed, updated and staff are responsive to the person's changing or unmet needs.

This is in order to comply with Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services).

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

'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13);

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 3.21); and

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' (HSCS 3.21).

This requirement was made on 10 November 2025.

Action taken on previous requirement

There had been good progress made, however there were still some areas outstanding. See key question 5 for further information.

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

So that the service has a culture of continuous improvement and listens and acts responsively to people's complaints, the provider should have a robust complaints procedure in place. This should include information on how complaints/concerns will be dealt with objectively and professionally.

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 based on relevant evidence, guidance and best practice.' (HSCS 4.11);

'I know how, and can be helped, to make a complaint or raise a concern about my care and support.' (HSCS 4.20); and

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.' (HSCS 4.21).

This area for improvement was made on 10 November 2025.

Action taken since then

The area for improvement has been met. All complaints are now logged and followed up actions recorded. People living in Catalina told us they would be confident raising a complaint and that they would be listened to and the complaint would be actioned.

Previous area for improvement 2

To promote improved outcomes for people, leaders should have the skills, capacity and systems in place to identify risks, plan appropriate actions to address these and drive improvement forward.

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 based on relevant evidence, guidance and best practice.' (HSCS 4.11); and

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

This area for improvement was made on 10 November 2025.

Action taken since then

The area for improvement has been met. The new manager had brought more structure and organisation to the operation of the service. There was improved communication and direction from the leadership team, with the focus being on promoting peoples health and well-being. Staff were clearer on their roles and responsibilities and the importance of working in a professional manner.

Previous area for improvement 3

To ensure a competent and confident staff team, the provider should continue to action their service improvement plan, in regard to staff supervision, practice observations and relevant training to the roles staff are undertaking.

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); and

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This area for improvement was made on 10 November 2025.

Action taken since then

The area for improvement has been met. All staff had undertaken relevant core training and were signed up for specific training in regard to mental health. Staff supervision and practice observations had been undertaken. The provider should continue promoting professional, value based practice.

Previous area for improvement 4

To reduce the risk of spread of infection, staff should be encouraging and reminding people to regularly wash their hands, especially before and after meals and when using the toilet. Staff should also be regularly hand washing.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This area for improvement was made on 10 November 2025.

Action taken since then

The area for improvement has been met. We observed staff hand washing throughout the day. Residents who needed encouragement to hand wash were reminded by staff and had access to hand wipes.

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 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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