

Lochaber Care at Home Service Support Service

Lochaber Health Centre,
FORT WILLIAM
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
NHS Highland

Service provider number:
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CS2023000229

About the service

Lochaber Care at Home service is registered to provide support to people with an assessed need in their own home. The service is based in Lochaber Health Centre in Fort William. The service is provided by two teams who deliver care and support throughout both urban and rural areas of Lochaber.

The provider of the service is NHS Highland.

About the inspection

This was an unannounced inspection which took place on 17 to 23 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 34 people using the service and 11 of their family.
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were cared for with compassion, kindness and respect from staff who had developed warm trusting relationships with them.
- Families spoke highly of the care their relative received in enabling people to remain in their own home.
- Senior leadership was required from the provider in supporting managers in identifying solutions for sustaining the service.
- Managers and staff were working hard to maintain positive outcomes for people while addressing increasing demand for the service.
- Staff were competent, skilled and knowledgeable but staffing pressures were affecting their ability to respond to people's needs during busy periods.
- Staff were receiving supervision but would benefit from improved communication with managers and support through team meetings.
- People benefitted from staff teams who worked well together and were dedicated to delivering quality care and support.
- People were involved in reviewing their support and benefited from a strong person-centred approach.

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?	4 - Good
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 observed warm, compassionate care for people from staff who knew them well. Staff enabled individuals to make choices and developed meaningful relationships based on respect and dignity for people. We observed how staff ensured their communication with people was appropriate for their needs. Staff demonstrated a clear understanding of what was important for people in how they liked to be supported and their home respected. One person told us, "They're great, I couldn't do without them" and another confirmed, "I'd be lost without my carers." This meant people valued their support, which enabled them to stay in their own home.

People were enabled to make informed decisions about their health and wellbeing, including with long-term and life-limiting conditions. We saw people benefitted from access to technology and specialist equipment. One family member told us, "Our relative was at the centre of all discussions and decisions" and another corroborated, "Your team of carers are a credit to their profession. Every one of them have been so empathetic and professional in their care with our relative." This meant people were at the heart of their own care and support.

Staff were skilled in recognising changing health needs and supported access to a range of community healthcare services and professionals. This meant people received the right healthcare at the right time from the right people. We saw evidence of people having as much control as possible over their medication and staff were competent in ensuring people were safe. We discussed with the manager how reviewing the medication support people needed and ensuring consistency in documentation would benefit people. We identified where this should improve. (See Area for Improvement 1)

Areas for improvement

1. To ensure people experience high quality care and support that is right for them, the provider should review and update recordings about people's medication. This should include but is not limited to:

- a) ensuring recordings of topical medication are consistent, clear, signed for and accurate with details of how and where it is to be applied
- b) reviewing the level of support that people need, specifically between assisted and administered medication, in accordance with best practice
- c) detailed recordings of assisted medication in the communication notes, including the name of the medication, the amount given and the time that the person was assisted.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24); and

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

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate where strengths only just outweighed weaknesses in leadership and management.

Managers were using some established quality assurance systems to monitor aspects of service delivery. The service improvement plan was updated and identified what was working well and where improvements were needed. Leadership and management at service level were making positive differences in maintaining stability and support for the service. We heard positive feedback from staff about prompt responses from managers about any concerns they raised about people. This meant that managers and staff benefitted from oversight of the service, were responsive and proactive in prioritising resources.

We saw no evidence of using self-evaluation to inform improvement across the service or effectively use feedback from people, their families, staff or other professionals. We were aware of training being provided for managers on auditing during the inspection. This meant managers had identified an improvement and responded to ensure it was addressed. However, regular audits to monitor how people were supported to meet their outcomes by the service were not taking place. This meant quality assurance activities were not providing the necessary informed oversight of the service. We identified where this should improve. (See Area for Improvement 2)

We saw evidence of informing people of how to make a complaint. We were unable to access relevant documentation to evidence how the service responded to complaints or how learning from complaints was central to quality assurance processes. We identified where this should improve. (See Area for Improvement 1)

Managers were not notifying the Care Inspectorate of reportable incidents. We discussed concerns with managers about significant pressures upon demand for the service. This meant local managers were focusing on managing unsustainable expectations upon the service while dealing with daily issues and with limited capacity. We discussed support required from the provider in terms of senior leadership and actions to identify sustainable solutions. We identified where governance which supports leadership skills, capacity and resource must improve to ensure stability and continuity of service provision. (See Requirement 1)

Requirements

1. By 30 June 2026, the provider must ensure that the local service is supported with effective governance and senior leadership.

To do this, the provider must, at a minimum:

- a) review the management structure within the service to ensure local capacity, time and skilled resource to identify solutions and oversee sustained improvement
- b) implement robust quality assurance systems and processes, including auditing of key performance areas, which ensure positive outcomes for people

c) ensure notifications are submitted to the Care Inspectorate of notifiable events as detailed in 'Adult Care Services: Guidance on records you must keep and notifications you must make (March 2025)'.

This is to comply with Regulations 3 and 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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

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

Areas for improvement

1. To ensure people have confidence in the organisation providing their care and support, the provider should record detailed outcomes of complaints and how learning from these have supported improvement.

This should include but is not limited to:

- a) evidencing how a complaint is formally logged and the process tracked in accordance with best practice
- b) clear details of the complaint investigation and how any concerns are addressed, including where an apology is necessary.

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

'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions' (HSCS 4.4); and

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

2. To ensure people have confidence in the organisation providing their care and support, the provider should continue to review and update the service improvement plan.

This should include but is not limited to:

- a) evidence of self-evaluation that shows how the service demonstrates what is working well and what improvements are needed
- b) evidence of how evaluating people's experiences of using the service, their families, staff and other professionals inform improvement.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses this learning to improve' (HSCS 4.8); and

'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.

We observed staff practice and commitment that showed how they were an asset and credit to the service. We heard positive feedback about how managers were supportive and approachable. However, we heard concerns about staff also feeling isolated, how communication could improve and staff not always feeling valued. We discussed with managers about clearly and consistently communicating with staff and ensuring their wellbeing. One example, was ensuring all staff were aware of the resources for contingency planning such as, during periods of adverse weather and power outages. We identified where this should improve with regular team meetings, where staff can raise concerns and discuss how to support positive outcomes for people. (See Area for Improvement 2)

Staffing arrangements were continuously reviewed and assessed, due to staffing capacity and staff absence. We heard positive feedback about how most people were supported with consistent staff teams who knew them well. Staff worked well together and responded flexibly to ensure people's outcomes were met and their continuity of care. We heard of one example where a family member told us, "We were encouraged when within hours, managers had rearranged rotas and staffing and committed to two carers a day." We also heard of people who needed additional support that the service was unable to meet due to staffing pressures, although the service was working hard to recruit staff.

However, this meant that staff rotas were changing at short notice because of the service working to maintain safe and stable support for people. Despite the staffing challenges, we observed that mostly the right number of staff with the right skills were working at the right times to provide compassionate care. However, we identified where this should improve. (See Area for Improvement 1)

Staff were confident in building positive relationships with individuals and their families. People benefitted from a warm atmosphere because of good working relationships and communication between staff and external agencies. One staff member told us, "I love my job and had a good induction" and another confirmed, "We work as a team and communicate well with each other."

Staff were competent, knowledgeable and skilled in caring for and supporting people. Staff were mostly receiving regular supervision, and we heard positive feedback about their training. We discussed with managers that a clearer oversight of staff training needs would be beneficial in identifying any gaps in knowledge. Examples of this included mental health awareness and training in how to support people living with dementia. We identified where this should improve. (See Area for Improvement 2)

We discussed how the provider needs to ensure records for safe staff recruitment are fully accessible for managers, complete and available for inspection. We advised that management scrutiny should include monitoring of staff professional registration.

Areas for improvement

1. To ensure people have confidence in the people who support and care for them, the provider should review the amount of time allocated for staff to effectively support people. This should include but is not limited to, reviewing the number of staff necessary and maintaining consistency of staffing as much as possible.

This is in order to comply with section 7(1)(a) 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 states that: 'My needs are met by the right number of people' (HSCS 3.15).

2. To ensure people have confidence in the people who support and care for them, the specific training needs of staff should be reviewed, and managers evidence an overview of staff training needs and compliance.

This should include but is not limited to:

a) awareness of mental health conditions and establishing clear protocols to support staff and ensure people's wellbeing when dealing with behaviours of concern

b) dementia training, at a level appropriate within the Scottish Government's Promoting Excellence Framework

c) opportunities for staff to discuss their concerns or ideas and how to support positive outcomes for people with regular team meetings. This ensures effective team communication and consistency of approach in caring for and supporting people.

This is in order to comply with section 8(1)(a) 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 states 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).

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.

Care plans were detailed and used person-centred language that clearly showed the individual's unique likes and dislikes. While we identified some gaps, a clear system was in place for reviewing and updating information and significant events. Risk assessments enabled people rather than restricted their choices, even where these decisions may be considered a risk by other agencies. Where this was the case, it was clearly documented. This meant care and support was delivered effectively. We discussed with managers how documenting additional person-centred details would ensure the depth of knowledge that staff developed was recorded. One example we discussed was person-specific communication while supporting people with moving and handing, where we observed best practice.

We heard positive feedback about effective working relationships with other professionals and quality of the staff support. One family member told us, "We appreciate the individual care and planning which enables our relative to stay in their own home, where they long to be" and another corroborated, "They're all delightful, I cannot praise them enough."

We saw no evidence of supporting legal documentation to protect people's rights if they were unable to fully express their wishes and preferences. Most people were benefitting from a regular formal review of their care and support. However, this was not consistent across the service, and we identified where this should improve. (See Area for Improvement 1)

Areas for improvement

1. To ensure that people are fully involved in all decisions about their care and support, and their rights protected, the provider should sustain regular reviews of people's care experiences.

This should include but is not limited to:

- a) consistently ensuring a review of people's care and support every six months and more frequently as required
- b) updating the person's support plan and recording any changes to their outcomes, including updates from health appointments
- c) clear evidence of the required legal documentation where a person is unable to make decisions for themselves.

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 1.15); and

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

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 promote person centred care and support, the provider should prioritise areas identified in their improvement plan that will have a positive impact on outcomes for individuals.

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 5 July 2024.

Action taken since then

We saw evidence of a detailed and updated improvement plan, which identified key areas for improvement. We saw no evidence of self-evaluation or using feedback from individuals to inform the plan in ensuring a positive impact on outcomes for people.

This area for improvement was partially met. There will be an updated area for improvement under key question 2 'How good is our leadership?' to reflect the findings from this inspection. (Refer to Area for Improvement 2)

Previous area for improvement 2

So, as people are confident, they will be listened to and action taken when they raise a complaint or concern, the provider should:

- a) have a formal system that tracks the progress and outcomes of complaints and concerns
- b) ensure information relating to complaints/concerns should be recorded and stored in the correct electronic 'drive' so that the right staff have the right information to effectively progress complaints/concerns.

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 use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 5 July 2024.

Action taken since then

We saw the policy and procedure for handling complaints. We did not have access to a formal system of tracking progress or outcomes, but the manager had started recording these details. Information was not accessible.

This area for improvement was not met. There will be an updated area for improvement under key question 2 'How good is our leadership?' to reflect the findings from this inspection. (Refer to Area for Improvement 1)

Previous area for improvement 3

The provider should improve their practice of informing the Care Inspectorate of any notifiable events as detailed in 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

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 use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 5 July 2024.

Action taken since then

The service had not been making the necessary notifications to the Care Inspectorate. The service must ensure managers and the appropriate staff have access to the Care Inspectorate online system to enable them to fulfil this regulatory duty.

This area for improvement was not met and is no longer in place. It has been incorporated into requirement 1(c) under key question 2 'How good is our leadership?'.

Previous area for improvement 4

So, as staff are providing safe care in line with good practice guidance, there should be a formal system in place to identify gaps in training. Staff should be given time and support to undertake expected training in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 5 July 2024.

Action taken since then

We saw evidence of some training records but not an oversight that informed managers of how staff training was compliant with mandatory or additional training requirements. We heard from staff about gaps in their training and difficulty accessing some training modules in a timely manner.

This area for improvement was not met. There will be an updated area for improvement under key question 3 'How good is out staff team?' to reflect the findings from this inspection. (Refer to Area for Improvement 2)

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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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