

Bayview House (Care Home) Care Home Service

Oirig Street
Thurso
KW14 7JZ

Telephone: 01847 892 314

Type of inspection:
Unannounced

Completed on:
2 March 2026

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2012307182

About the service

Bayview House is a care home for older people situated in the town of Thurso. It is registered to provide a care service to a maximum of 23 older people; this includes one bed for respite. The service is provided by NHS Highland.

The building is part-shared by a day care service, also provided by NHS Highland.

The service is situated in a three-storey building overlooking Thurso Bay. The accommodation comprises of single bedrooms with full en-suite facilities. There is a main communal sitting room and additional smaller lounge areas on each of the floors, which can also be used for activities.

The large spacious dining room is next to the main kitchen from which meals and snacks are freshly prepared and cooked each day. Smaller kitchens are located on each floor which can be used by visitors to make refreshments.

There is an enclosed garden areas where residents can sit and enjoy the outdoors.

About the inspection

This was a follow up inspection which took place on 2 March 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 three people using the service, and two of their representatives.
- spoke with six staff and management.
- observed practice and daily life
- reviewed documents

Key messages

- People experienced kind and compassionate care from staff who knew them well.
- Planned activities were supporting people to be involved, giving more choice in daily routines.
- The provider must review the environment in order to make improvements.
- The provider and management now have a robust plan in place for staff absence.
- The provider had ensured that the service was consistently staffed with sufficient, qualified, skilled staff to meet the needs, choices, and preferences of residents at all times.
- The management team should continue to introduce reflection, competency assessments, and observations of practice to support continued development.

How good is our setting?

At the last inspection we made an Area for Improvement that the provider should develop a plan for the ongoing repair and refurbishment of Bayview, this was to ensure the environment was safe and comfortable.

It was disappointing to observe that there was no plan in place for the refurbishment of the service. We also observed that the previously blown windows had not been repaired. We found that some of the windows were dirty, this meant that people had a restricted view out of the windows from the lounge area upstairs. One person told us that there is a significant draft from the windows at times, this impacts on the comfort of the communal areas.

Due to the lack of progress in this area, we will be making a requirement to address these concerns. (See Requirement 1 below)

Requirements

1. By 8 June 2026, the provider must ensure that the care home is kept in a good state of repair to promote the comfort and safety of people using the service. To do this, the provider must, at a minimum, but not limited to:
 - a) Develop and implement a robust plan for the repair and refurbishment of the service.
 - b) The provider must review the windows to ensure that they are fit for purpose, and people can see out of them without obstruction.
 - c) The provider must ensure that the dining area is reviewed, and noise reduction tools are introduced to reduce the effects of noise pollution within this area.

This is to comply with Regulation 10 (2) (a), (b) and (d) (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

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

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.' (HSCS 5.20).

'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.' (HSCS 5.21)

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

Requirements

Requirement 1

By 31 July 2025, you must ensure that people are supported at all times by sufficient numbers of suitable skilled staff to meet their health, safety and wellbeing needs. This must include, but is not limited to, ensuring people's emotional wellbeing needs are met, particularly people who experience stress and distress.

In particular you must ensure that:

- a) staffing levels and skill mix are informed by an effective process for assessing each service user's care and support needs and how many staff hours are needed to meet service users' needs, including when there is a significant change in those needs;
- b) there are enough suitably qualified, knowledgeable and skilled staff on shift at all times to meet service users' care needs and preferences at all times;
- c) staff are conversant with service users' needs and are deployed effectively throughout the care service according to their skill set;
- d) contingency plans for staffing in the event of unplanned and planned absences are effective.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1) – Welfare of users; and section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people.' (HSCS 3.15).

This requirement was made on 25 March 2025.

Action taken on previous requirement

The service has made good progress in this area. It was positive that they have utilised the NHS dependency tool, and this is reviewed regularly with changes made at key times such as when someone has an infection. Staffing has improved including the skill mix, and deployment of staff. There is a robust contingency plan in place. This meant that staff now know what to do if faced with reduced staffing capacity.

Due to the progress made 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

The provider should ensure that residents have regular access to meaningful and stimulating activities. This should include but is not limited to:

- a) Implementing planned and consistent recreational opportunities on a daily basis that reflects residents' interests, abilities, and preferences.
- b) Ensuring dedicated staff including the activities coordinator, is available to deliver, supervise and support participation in these activities.
- c) Monitoring and reviewing the effectiveness of activities to ensure they promote residents' wellbeing, sense of purpose, and engagement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 30 September 2025.

Action taken since then

It was positive to see that the home had an activity coordinator. This meant there was a focused attention on supporting people to keep active and occupied. We observed varied activities happening, and people were engaging with this. Care staff were also engaging in activities throughout the service, which meant this was now a team priority. People told us they enjoyed the activities that were currently on the planner.

Due to the improvements made in this area this Area for Improvement has been Met.

Previous area for improvement 2

In order to support residents, relatives and visitors to recognise and easily identify staff working in the service, particularly those who have visual or cognitive impairment, the provider should ensure staff consistently wear name badges as part of their uniform and verbalise their names so residents are aware of who is supporting them and providing direct personal care.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I feel at ease because I am greeted warmly by people, and they introduce themselves.' (HSCS 3.6)

This area for improvement was made on 30 September 2025.

Action taken since then

We observed all staff wearing name badges. People told us this was positive as people now knew the names of the staff supporting them. This meant that people could now identify staff, and feel more at ease when supported with care.

Due to improvements made this Area for Improvement has been Met.

Previous area for improvement 3

To ensure good outcomes for people, the provider should ensure care staff have opportunities for reflective practice as part of their support and supervision meetings.

This is to ensure 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.' (HSS 3.14).

This area for improvement was made on 30 September 2025.

Action taken since then

Management had made some progress in this area. It was not yet fully embedded in practice. The leadership team will require more time to progress this fully. We will extend this area for improvement to give the team time to embed this in practice.

Previous area for improvement 4

The provider should consider implementing measures to better support staff by ensuring that:

- a) Competency assessments highlight both areas of strength and aspects of practice that could be improved providing clear, constructive feedback.
- b) Results of competency assessments should be reviewed during individual staff supervision meetings to ensure understanding, accountability, and opportunities for reflection.
- c) Any identified gaps in knowledge or skills should be accompanied by a personalised action plan outlining how the service will support staff to develop and improve in these areas.

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)

This area for improvement was made on 30 September 2025.

Action taken since then

We could see that management had made a plan for progressing this area. We will extend this area for improvement to ensure the leadership have time to consistently support improvements in practice.

Previous area for improvement 5

To ensure people's health, safety and, emotional wellbeing needs are maintained, the service should, ensure that staffing is regularly evaluated to demonstrate that it is responsive to people's changing needs.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people.' (HSCS 3.15)

This area for improvement was made on 30 September 2025.

Action taken since then

It was positive that we could see evidence of improvement in this area. Staffing was being evaluated regularly, and contingency plans were used when necessary to support people with the required level of care.

Therefore this Area for Improvement has been Met.

Previous area for improvement 6

The provider should ensure that people's dignity and wellbeing were promoted through an environment that is well maintained, comfortable, and safe .

In order to achieve this the provider should at a minimum:

- a) Develop an ongoing plan for repair and refurbishment of the care home.
- b) Ensure double glazed windows were effective in providing adequate insulation, reducing drafts, and maintaining a comfortable indoor temperature.
- c) Repair or replace window units that have failed, are producing condensation and are difficult to see out of.

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

'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.' (HSCS 5.21)

This area for improvement was made on 30 September 2025.

Action taken since then

The provider had not made any progress in this area. There was no plan in place for refurbishment, or replacement of windows. People told us that the draught from the windows was affecting the quality of the lounge areas. Due to the lack of progress in this area we will be making a requirement in relation to this. (See Requirement 1).

This Area for Improvement was Not Met.

Previous area for improvement 7

To ensure people's health and wellbeing benefits from having a positive dining experience, the provider and manager should ensure that the environment is comfortable.

In order to achieve this the provider should ensure noise reduction tools, such as the use of soft furnishings, acoustic panels and sound deadening paint are deployed in the dining room.

This area for improvement was made on 30 September 2025.

Action taken since then

There had been no progress from the provider in this area. The dining area remains noisy at times, this meant that people did not benefit from a positive dining experience, due to the consistent noise levels. As there has been no progress in this area, we will incorporate required improvements within requirement 1. (See Requirement 1).

This Area for Improvement has Not 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.

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