

# Pittyvaich Care Home Service

Pittyvaich Care Home  
Ishbel Place  
Inverness  
IV2 6JQ

Telephone: 01479788000

**Type of inspection:**  
Unannounced

**Completed on:**  
28 March 2026

**Service provided by:**  
Parklands Limited

**Service provider number:**  
SP2003001893

**Service no:**  
CS2025000274

## About the service

Pittivaich is a recently built care home for older people situated in Inverness. It is close to available transport links, shops and community services. The service provides nursing and residential care to 58 older people.

Accommodation is arranged over two floors, in single bedrooms with en-suite shower room facilities. The care home is split into a variety of units, each with their own lounges and dining spaces.

The service has an accessible garden which was decorated with various seating arrangements and some planted beds and flowering beds. The communal entrance area allows for some of the activities to take place in, which also enables some community groups to come in and network with people who live there.

## About the inspection

This was an unannounced inspection which took place on Tuesday 24 March 2026 at 09:00. The inspection was carried out by 2 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 13 people using the service and 8 of their family
- spoke with 21 staff and management
- observed practice and daily life
- reviewed documents
- spoke with 5 visiting professionals

## Key messages

- The service had opened in June 2025 and made significant progress in team building and consolidating standards.
- The home was clean, well maintained and a welcoming environment for people, and their families.
- People benefited from a staff team who worked well together.
- The leadership team was committed to continuous improvement.
- Care plans set out people's unique needs and preferences.
- Staff provided kind, respectful care and knew people well.
- The service's communication with relatives was good.
- There was an effective working relationship with external professionals.

## 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?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very 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.

Staff treated people with compassion, dignity, and respect. We saw consistently positive relationships between staff and people living in Pittivaich. People who lived in Pittivaich told us they felt well cared for and said:

"Staff are lovely and helpful, I couldn't wish for better".

"It's all really lovely, they are all lovely".

Families and people in receipt of the service trusted the staff and were confident that any issues or concerns would be dealt with and resolved quickly. Families reported that their loved ones were safe, valued and treated with dignity and respect. They confirmed that they receive regular updates from staff about their loved ones and said:

"I feel the manager is approachable, it's an open door, the manager is excellent".

"They appear to work well together and enjoy their work. Always ready with a smile".

Staff provided care and support to individuals at their own pace and, when responding to people who had asked for help, this was undertaken in a patient and sensitive manner. We saw the service proactively identifying the need to provide additional training for staff in supporting a resident, who was experiencing stress and distress, and this had already contributed to improvements in practice. The manager was focussed upon supporting more consistent practice across all areas of care and support (see area for improvement 1) and we saw strong working relationships between the manager and the staff team. The service had also developed strong working relationships with a range of health and social care professionals.

During the inspection, we saw people benefiting from a range of planned activities every day. Staff respected peoples' wishes and preferences and the manager is looking at ways to ensure that peoples identified outcomes increasingly influence activities planning. The service had recently recruited to the vacant activities' coordinator post, plus an additional support worker, and believed this would contribute to improvements in how people experience the scheduled activities in accordance with outcomes recorded in people's support plans.

People's food and fluid needs were met well. Mealtimes were relaxed and provided a positive social occasion for many people during the day. Meals looked appetising, and where people needed support to eat, this was provided in a dignified and attentive manner. This meant that people could enjoy their food in a relaxed atmosphere and have the required support to enjoy their meals. The manager plans to look at introducing seasonal menus to provide more variety for people.

The nursing and care team were skilled and knowledgeable, which contributed to good management of people's healthcare needs. Healthcare assessments and screening tools were regularly updated. This meant that peoples wellbeing was monitored effectively and the need for professional guidance or referrals was identified promptly.

The service had recently introduced a digital medication management system, and we saw good governance

and oversight of this change to systems and practice. When the service experienced technical difficulties during the inspection, we saw robust back-up use of paper-based medication management systems. Medication was stored and administered in a safe way, with daily audits to monitor this. Records confirmed that people were receiving their medication as prescribed. Staff completed training and management undertook regular direct observation of practice to ensure medication was administered by well-trained staff.

Where people's independence, choice and control were restricted, we saw robust support planning in place to ensure discussion took place with people and those who represent to ensure least restrictive options were promoted.

### Areas for improvement

1. To make sure people experience high quality care and support which will enable positive outcomes for people. To do this, the provider must, at a minimum ensure:

a) competency assessments are effective in identifying any gaps in skills and knowledge and contribute to more consistent staff practice.

b) all support staff complete appropriate training and development, to include but not limited to proactive engagement with people and related communication skills.

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' (HSCS3.14) and; 'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs' (HSCS 2.8).

### How good is our leadership?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service was led and managed well. There was clear leadership within the service and a culture of openness and transparency. It was apparent that leaders had a clear understanding of their role in monitoring, directing, and supporting improvement. The focus was on providing a reliable, person-centred service to people and ensuring that care and support was tailored to individuals. This helped people get the right care and support at the right time.

Communication within the staff team was good and information was consistently communicated through a range of staff meetings and support plans updated on a daily basis. This meant staff were kept up to date with changes in people's health and emotional needs so that care and support could be reviewed and adapted. The manager and senior staff shared responsibility for identifying and supporting improvement and oversight of training and staff development was robust and effective. Staff told us they were confident about giving feedback and raising concerns and their views would be considered and valued.

There were effective systems in place to evaluate people's experiences. This included feedback surveys and

on-site systems for encouraging feedback. Management staff are looking at ways to improve and enhance systems for consulting with people, relatives and visitors and to evidence how this contributes to service improvement and development. The services digital support planning platform allowed management to evaluate all aspects of support provided to people. Audits and health and safety checks took place across a range of different areas within the service, and these linked effectively into the service improvement plan.

The service used robust systems for assessing complaints, accidents and incidents and there were appropriate follow up actions taken to identify the causes or to minimise any reoccurrence. This meant people and families could be confident that staff understood how to keep their loved ones safe. Families felt staff and managers valued and listened to them and took appropriate action when issues were raised. This resulted in true partnership working with the focus remaining on the individuals' needs and how these were met. Families told us:

"Very, very good care, no complaints".

"From the beginning, we had a good introduction, it was seamless for us".

Staff spoke positively about the training they received and how this helped to ensure their practice supported improving outcomes for people. This included a robust and well-managed induction and 'shadowing' periods for new staff. Training, staff supervisions and appraisals were all up to date because the system for ensuring these took place was effective. The service provided staff with an effective e-learning platform, and this provided assurance that staff were in receipt of the right training and updates. To monitor the quality of care and support received by people, there were regular direct observations of staff practice and how well staff supported people. Senior staff members and managers undertook direct observations with staff. This meant staff's interactions and the quality of their practice was observed and then staff were told what they were doing well and what could be improved on when they were supporting people. This helped staff remain focused on delivering person-centred care and developing their skills.

We looked at whether recruitment procedures were in line with 'Safer Recruitment' guidance. We found evidence that references, including most recent, were being followed up, including Protection of Vulnerable Groups checks completed. This meant that people could be confident that staff had been appropriately and safely recruited. The service regularly submitted notifications to the Care Inspectorate in accordance with our notification guidance.

## 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

Pittivaich had a relaxed and warm atmosphere. People were able to go about their day in a way that suited them. Staff interacted with people, engaging them in conversation in a skilled and person-centred manner. This helped people be comfortable and feel respected. Managers were focussed upon improving consistency of staff practice across all areas of care and support (see area for improvement 1 under Key Question 1).

The service assessed staffing levels carefully, using a recognised dependency and staffing analysis tool to ensure that enough staff were available for people across all areas of the service. This meant that suitable staff levels were achieved and people got timely, responsive support from staff with the right levels of skill and experience, which helped them to keep well, content and safe.

Staff regularly used the support planning system which ensured that staff had the right knowledge and

information for supporting people well. Staff had opportunities for regular training and management used tracking and audit systems to ensure that, where staff were falling behind on their training, management were able to address this proactively. Newly appointed staff had received a good induction, which meant they were confident when supporting people, and benefitted from mentoring from more experienced staff. This approach contributed to improving outcomes for people and encourage effective communication between staff.

The manager and senior staff had an active presence within the care home, and this was augmented by regular visits from the service providers' lead staff for quality assurance, staff training and development. This ensured that the management team were able to monitor service operations and staff practice and identify problems or concerns as they arose. Staff reported that the manager, deputy manager and senior staff were approachable. This meant that people were confident that managers were available to support and advise staff as needed. This helped to ensure people get the most appropriate support.

Staff said they found supervision supportive and helpful in their work. The template is good, and sessions cover a range of relevant topics. However, at times, recording was brief and we found that 'reflective practice' approaches were not being used consistently. Management staff were reviewing staff supervision processes with a view to promoting a more reflective approach (see area for improvement 1). We saw that direct observations of staff practice take place which support practice improvement and directly benefit people.

People can have confidence that their staff are safely recruited. Appropriate processes for recruitment and checks for suitability for a care and support role were undertaken.

### Areas for improvement

1. To support positive outcomes for people, the provider should ensure all support staff have opportunities to develop their reflective practice. Specifically, to achieve this the provider should make sure:

- a) all staff have regular opportunities for protected time with their line manager to engage in reflective discussion about their practice, training and support needs
- b) reflective discussions are recorded accurately and consistently within supervision records
- c) supervisors have access to training aimed at promoting reflective practice within supervision

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

### How good is our setting?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

There was a warm and welcoming atmosphere within the care home. Communal areas were spacious, clean, and accessible, they promoted social interaction and inclusion. Dining rooms were pleasant, and tables nicely presented. The environment was of a high standard which contributed positively to people's wellbeing and comfort. The home appeared well cared for and furnishings, curtains and floor coverings were in good

condition. Bedrooms were of a good size and were decorated to people's preferences and personalised with a variety of personal belongings which helped to promote a sense of belonging. Assisted bathrooms and toilets had sufficient room for assisted bathing and were in good condition. Care equipment, such as wheelchairs and hoists were clean and regularly maintained.

People felt relaxed and comfortable in the home and many residents spoke of being happy with their rooms. One external professional told us:

"The service provides a safe, structured and responsive environment which supports people's overall wellbeing".

The service was committed to ensuring there was a safe and functional environment for everyone. Infection prevention and control measures were robust and consistently applied. Housekeeping staff were very diligent in ensuring the environment was safe, hygienic, and comfortable and supplies of personal protective equipment (PPE) were readily available for staff throughout the building.

There were clear and planned arrangements for monitoring and maintenance of the premises and the equipment to ensure people were safe. This included regular environmental walk rounds undertaken by the leadership team, in addition to infection control audits. Equipment, such as hoists and fire safety systems, were serviced and checked regularly, and day to day maintenance of the building was undertaken appropriately. We received positive feedback from people living in Pittivaich House. One person told us:

"Staff are responsive and kind".

The service promoted 'meaningful connections' with all those important to people. Families felt supported and were able to spend as much time as possible with their loved ones in privacy or in communal areas.

## 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.

The service operated a robust support planning system hosting all relevant health and wellbeing assessments and these were used effectively to ensure people's needs were clearly identified. Individual support plans contained were audited and reviewed regularly and captured peoples likes, dislikes, preferences and agreed outcomes. This helped to ensure people's needs were clearly identified and appropriate care and support could be provided. Recording within preadmission assessment documents was inconsistent in terms of being unsigned and dated and lacking sufficient detail (see area for improvement 1).

Legal documentation such as Guardianship and Power of Attorney (POA) was included with support plans. This was important as they set out who must be involved and consulted when a person is unable to make decisions independently. This meant that the right people were involved in planning and reviewing people's care and support. We saw evidence that legal guardians and relatives were regularly updated about changes to people's health and wellbeing. This evidenced effective communication and promoted a culture of trust.

Regular reviews of people's support plans had been taking place and involved consultation with relevant professionals and family members. The manager had identified the need to ensure that review documents reflected a greater focus upon discussions which were person-centred and outcomes-focused (see area for improvement 1).

## Areas for improvement

1. People should have confidence that their personal support plans reflect their individual needs and intended outcomes. To promote good outcomes for people, the provider should review current personal support planning approaches. This includes, but is not limited to:

- a) Develop support plan review approaches which promote greater involvement from people and accurately record discussions and agreed outcomes.
- b) Recording from support plan reviews, either directly undertaken by the service or by other professionals, should reflect discussions which are person-centred and outcomes focussed.
- c) Ensure that preadmission assessments are regularly audited to ensure they are fully completed, signed and dated.

The following Health and Social Care Standards have been considered in making this area for improvement. 1.15 "My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices." 1.23 "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected".

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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