

# Nightingale Home Support Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
25 March 2026

**Service provided by:**  
Nightingale Home Support Ltd

**Service provider number:**  
SP2022000195

**Service no:**  
CS2022000290

## About the service

Nightingale Home Support is a small, privately owned organisation which provides a care at home and housing support service to adults living in their homes in Morayshire and Nairnshire.

The service was registered in September 2022 and at the time of inspection was supporting 16 people.

## About the inspection

This was an unannounced inspection which took place between 5 March 2026 and 25 March 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for this inspection we reviewed information about this service. This included, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with five people using the service and received six completed satisfaction surveys
- spoke with four staff and management and all six staff employed by the service contacted us by email
- observed practice and daily life
- Reviewed documents.

## Key messages

- People consistently reported being very happy with the service and praised the respectful, person-centred support they received.
- A small, stable team meant people knew who was coming into their homes and felt comfortable and respected.
- Electronic care plans were regularly updated, and visits were never rushed, giving staff enough time to deliver high quality support.
- Staff had access to policies, ongoing training, and supervision. Leadership promoted accountability and continuous development.
- Although day to day medication support was safe, wider quality assurance processes around medication needed improvement.
- The quality assurance process could be further developed to make service wide improvements.

## 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? | 5 - Very Good |
| How good is our staff team?                | 5 - Very Good |

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

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.

People consistently reported that they were very happy with the service. They told us, "I am more than happy with the care given to my mum," and "I found the company to be very well organised and the staff matched my quirks and responded accordingly." Staff consistently demonstrated warm, respectful, person-centred practice. Their interactions showed dignity, compassion, and a strong understanding of each person's needs and preferences. We observed no concerns regarding staff conduct or the quality of direct care. People valued having a small, consistent core group of staff who provided their support.

A major strength of the service lay in the flexibility and dedication of the small staff team, which ensured people received the care and support they needed. People and their relatives felt reassured by having a core team of familiar staff. Staff held meaningful conversations with people and behaved respectfully and carefully within their homes. People said they always felt treated with dignity and respect, which contributed to trusting, positive relationships with the staff team.

Staff, people and families had access to electronic care and support plans and risk assessments. These plans were reviewed and updated frequently so they reflected people's changing needs. This ensured staff understood each person's care needs, wishes and preferences. A previous area for improvement relating to the regular evaluation of care plans had been met. (see 'What the service has done to meet any area for improvement we made at or since the last inspection').

The length and timing of visits were agreed with the person, their family, the service and, where appropriate, care management. People told us that visits were never rushed, and staff said they always had enough time to deliver the required care and support. People appreciated that staff had time for them, which enriched their experience of care. Staff presented as friendly, professional and courteous. Strong links were maintained with other professionals and providers involved in people's care. Staff used advice and guidance to ensure people received the right level of support. Their awareness of their roles and responsiveness meant that care continued to adapt to people's changing needs.

People, their families and staff communicated effectively to support safe medication management. Support plans clearly described the assistance each person required with their medication, helping ensure people consistently received the correct level of support while retaining as much control as possible. However, concerns remained regarding the governance and quality assurance of medication oversight. (see 'What the service has done to meet any area for improvement we made at or since the last inspection').

Systems were in place to track all important events. Accidents, incidents, complaints and safeguarding concerns were addressed promptly and appropriately. People, families and staff felt comfortable raising issues and were confident the service would act on their feedback when required.

**How good is our staff team?****5 - Very Good**

We identified significant strengths in the care provided, which supported positive outcomes for people. Therefore, we evaluated this key question as very good.

A key strength of the service was the small and consistent staff team, which meant people always knew who was coming into their homes. People consistently provided very positive feedback about staff and told us that the "staff went above and beyond and were very helpful." This demonstrated that people experienced positive, reliable and person centred care.

There was a strong and growing culture within the organisation that empowered and developed staff. Staff had access to the service's policies, procedures and guidance. The leadership team ensured staff were accountable for their actions, or lack of action, when these had the potential to impact people's health and wellbeing.

The training programme offered a blend of e learning and practical learning tailored to people's needs. Staff told us they felt well supported. Training records and one to one supervision showed that staff received ongoing development opportunities. The leadership team monitored competency and confirmed that all staff maintained the skills, knowledge and understanding required for their roles.

There were effective informal and formal communication processes in place. Staff were given regular opportunities to discuss their work, practice and how best to improve outcomes for people.

Staffing decisions were made using professional judgement and supported by the electronic rostering system. People were matched with staff based on their needs and preferences, as well as the staff team's skills, experience and knowledge. This ensured people benefited from high quality care delivered by staff with whom they had established trusting relationships.

## 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 ensure people's outcomes are supported by consistent and effective quality assurance systems, the service should ensure:

- a) All aspects of care and support are audited regularly.
- b) Follow up on findings to bring about improvements.
- c) These should be included in a service improvement plan which clearly identifies actions to be taken, who is responsible, and timeline for completion.

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).

**This area for improvement was made on 25 March 2025.**

### Action taken since then

Quality assurance processes relied heavily on the manager, and her absence created gaps in governance that weakened oversight at a time when the service needed increased scrutiny. Key documents and operational processes were not accessible, which increased operational risk and reduced the service's ability to respond effectively when she was unavailable.

People and staff did not have their feedback routinely incorporated into improvement activity, which reduced opportunities to drive proactive development. The improvement plan did not include meaningful self evaluation or structured assessment, which limited its ability to achieve measurable improvements for people.

Complaints handling was not supported by a central complaints log. Instead, concerns were recorded within individual care plans, which restricted the service's ability to identify patterns, learn from issues, and make service wide improvements—although staff addressed individual complaints appropriately when they were raised. Auditing activity had begun, but it did not focus on outcomes for people, so it did not provide the level of insight needed to ensure high quality, consistent care.

This area for improvement was not met and will be restated.

### Previous area for improvement 2

To support positive outcomes for people who use the service, the provider should ensure care plans are regularly evaluated to ensure they provide accurate information to staff about people's specific care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.16).

**This area for improvement was made on 25 March 2025.**

### Action taken since then

This area for improvement was met. See 'How well do we support people's wellbeing?'

## 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?                             | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support | 5 - Very Good |
| How good is our staff team?  | 5 - Very Good |
| 3.3 Staffing arrangements are right and staff work well together       | 5 - Very Good |

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