

# Bremner Court Housing Support Service

Sinclair Avenue  
Stornoway  
Isle of Lewis  
HS1 2AP

Telephone: 01851 600501

**Type of inspection:**  
Unannounced

**Completed on:**  
10 March 2026

**Service provided by:**  
Comhairle nan Eilean Siar

**Service provider number:**  
SP2003002104

**Service no:**  
CS2023000176

## About the service

Bremner Court is a combined Care at Home and Housing Support service that is registered to provide support to older people and adults with physical disabilities in their homes and in the community in Stornoway.

The service and its office is based in Bremner Court in Stornoway and provides support to people living within the 35 independent flats within the building. The service operates Monday to Sunday and provides support 24 hours a day.

## About the inspection

This was an unannounced inspection which took place on various days and times between 02 and 10 March 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 nine people using the service and received nine survey responses
- spoke with five relatives or representatives of people supported by the service
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

**Key messages**

- People were supported by kind and caring staff.
- There had been some progress in making improvements highlighted at the last inspection.
- Statutory reviews of people's care and support were not yet being undertaken.
- Support was provided flexibly, and people were able to call for support between their home visits.

**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 well is our care and support planned?	3 - Adequate

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 kind and caring interactions between staff and the people they supported at Bremner Court. People told us staff were friendly, and that they felt well supported by their visits.

The service had good links with professionals, and people's relatives felt confident that staff were responsive to any changes in their health or wellbeing. Staff were available 24/7 and call-bell equipment was in place within Bremner Court's accommodation to enable people to call for support if required out-with their usual visits, this meant care and support was provided flexibly. One relative told us:

"I can't speak highly enough of the staff who work here. They're lovely, it's like a family".

When medication administration documents were sampled, we found there were no clear protocols in place for staff to follow when supporting people with the administration of PRN ('as required') medication. Clear PRN protocols should be in place to ensure staff have the necessary information to know when, how and why to administer medication, and monitor its effectiveness (see area for improvement 1).

The service was exclusively supporting people living within the Bremner Court building at the time of inspection. Some of the processes in place, such as how food and drinks were served and medication was stored, were more in keeping with a premises based service, and staff should be supported to ensure they are confident in how these should be appropriately undertaken in a Care at Home and Housing Support service going forward.

### Areas for improvement

1. The provider should ensure that people are supported to store their medication appropriately in their homes, and that clear protocols are in place for the administration of PRN ('as required') medication. PRN protocols should include when, why, and how PRN medication is administered, and staff should record its administration and effectiveness.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

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

**How well is our care and support planned?****3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Care and support plans contained relevant and useful information about people's life, health, and the care and support they required. Legal documentation that the service should have oversight of, for example, power of attorney documents, were held and stored appropriately.

Care plans and other important documents were split between folders in people's home and folders stored securely in the nurse's office in Bremner Court, this meant it was not always clear where information was recorded or stored. All care plans and relevant documents should be stored together in a person's home, unless alternative arrangements have been discussed and agreed.

Care plans were being evaluated monthly to ensure they remained up-to-date and relevant, however, care reviews were not being undertaken. People's care and support should be formally reviewed every six months, or sooner if their needs change, to ensure care and support reflects their outcomes (see requirement 1).

Relatives and representatives felt that communication from the service was good, and they were kept informed of any important information or changes in their relative's health. As statutory reviews were not being undertaken at least once every 6 months there was limited documentation to evidence the services involvement of carers, family, and friends in care planning and service improvements.

**Requirements**

1. By 2 June 2026 the service must ensure each person supported has had a review of their care and support at least once in the last six month period, or sooner if their needs change. This is to ensure their care and support reflects their outcomes.

This should include, but is not limited to;

- a) each aspect of the person's care and support needs being discussed and assessed with the person and/or their representative at a review
- b) keeping a record of discussions and decisions made
- c) clearly documenting changes to people's outcomes and how they will be met.

This is to comply with Regulation 5(2)(b) and 5(2)(c) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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

'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 areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To ensure care and support is in line with the provider's policies and procedures, quality audits should be clear and specific as to what areas are being assessed and evaluated.

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' (HSCS 4.19).

**This area for improvement was made on 14 August 2024.**

#### Action taken since then

Audits were sampled within the service, such as for staff hand hygiene, and lacked important information needed to ensure actions identified could be addressed. There was insufficient information to be assured that quality assurance processes in the service were being completed in line with expectations and the provider's policies and procedures.

This area for improvement has not been met and will be continued.

#### Previous area for improvement 2

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 14 August 2024.**

#### Action taken since then

There had been progress made towards meeting this area for improvement. Communication from the management team was improving, and appropriate notifications were now being made more frequently. Accident and incident records were sampled and there were several occasions identified where notifications were not submitted to the Care Inspectorate.

This area for improvement has not been met and will be continued.

### Previous area for improvement 3

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 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 14 August 2024.**

#### Action taken since then

At the time of inspection the service was in the process of introducing a new tracker for recording and monitoring staff training. This was not yet complete and so could not be used to easily identify or track staff training or to highlight gaps where training was required.

This area for improvement has not been met and will be continued.

### Previous area for improvement 4

To ensure people are getting the right care at the right time, care plans should be updated following a review and reflect any changes to care and support needs.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

**This area for improvement was made on 14 August 2024.**

#### Action taken since then

People's care and support plans were now being evaluated monthly, however, six monthly reviews of people's care and support were not currently being undertaken.

This area for improvement has not been met and has been replaced with a requirement. Please see 'How well is our care and support planned?'.  
  
**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 well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate
5.2 Carers, friends and family members are encouraged to be involved	3 - Adequate

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Compass House  
11 Riverside Drive  
Dundee  
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