

# Tigh-A'Chomainn Care Home Service

4 Craigton Crescent  
Peterculter  
AB14 0SB

Telephone: 01224 732 656

**Type of inspection:**  
Unannounced

**Completed on:**  
7 August 2024

**Service provided by:**  
Tigh-a'Chomainn Camphill Ltd

**Service provider number:**  
SP2003000027

**Service no:**  
CS2003000261

## About the service

Tigh-A'Chomainn is a care home providing 24 hour support for up to 10 adults who have a learning disability. The service is based in two houses in the same large grounds, in the town of Peterculter. The people are supported by staff who do not live in the home and they also share their home in partnership with live-in support staff. Everyone spends some time socialising and planning together.

The houses are within walking distance of a range of shops and bus routes both into the city of Aberdeen and out into the local countryside.

## About the inspection

This was an unannounced inspection which took place between 29 July and 6 August 2024. 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 four people using the service and three of their family
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Our inspection raised significant concerns in relation to how people's health, welfare and safety needs were met. As a result, we issued the service with an Improvement Notice on 14 August 2024. We also issued a letter of serious concern in relation to the environment on 2 August 2024. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

## Key messages

- The service was not performing well in relation to keeping people safe.
- The environment was poor and had some dangerous areas.
- People did not seem to be unhappy, and were busy throughout the day.
- We took enforcement action to require the provider to improve the quality of people's care. Please see the service's page on our website for more information.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

## 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?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory
How good is our setting?	1 - Unsatisfactory
How well is our care and support planned?	2 - Weak

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

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

2 - Weak

Support for people's health and wellbeing was at a weak level. Strengths were identified but these were compromised by the weak areas which needed to be improved. As the service is performing at a weak level, we are concerned about the welfare, health and safety of people. We issued the service with an improvement notice connected to these concerns. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

The clear strength in this service was the team who looked after people daily, who were caring and respectful. They told us, and we saw, that they enjoyed being with people and they were supportive to one another. Three family members told us that they were happy with their relatives living in Tigh-A'Chomainn.

The environment was clean and tidy in some parts. The garden had some nicely set areas with seating and tables which people enjoyed. Some important aspects needed attention in order to keep people safe. One relative told us, "My relative's room suffers from damp." We sent a letter of serious concern to the service on 2nd August 2024 requiring improvements to the hot water, and some windows. These improvements were made within 72 hours. For further details of this enforcement see the service's page on our website.

People's wellbeing was supported by a clear and well used medication system. The storage, administration and recording could be easily tracked, so everyone understood that people had received their correct medication. People were prescribed pain relief overnight if they should need it. However, not all of the overnight staff were trained, so could not administer this medication if they were asked for it. This meant people could not have pain relief if they needed it.

The service supported people to manage their cash in a respectful manner. We discussed the system which was a bit cumbersome, and the manager rectified this very quickly.

The manner in which the service handled potential, and actual, aggressive incidents was not effective in keeping people safe and in some instances placed people at risk of harm. More attention needed to be paid to times when people were upset and how they acted. This information should be recorded, then be used to alter support to better suit the person. This would lead to the service being more effective in protecting staff and all people in the house to the best extent possible. We took enforcement action to require the provider to improve the quality of people's care in relation to supporting people with distress. For further details please see service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

## How good is our leadership?

1 - Unsatisfactory

The quality assurance system and improvements in the service were unsatisfactory. As the service is performing at an unsatisfactory level, we are concerned about the welfare, health and safety of people. We issued the service with an improvement notice connected to these concerns. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

The previous requirement in relation to leadership and assuring the quality of people's care was not met and remains in place. See 'What the service has done to meet any requirements made at or since our last inspection.'

Some of the day to day aspects in the service were working well, mainly with people's nutrition, hydration and their activities. However, there were not consistently good outcomes for people in all areas of their lives and support.

It was hard to understand each member of staff's roles and responsibilities, and to identify areas for which staff were accountable. This meant that not all tasks and needs were being attended to timeously and were sometimes not attended to at all. Examples of this were consideration of overnight medication, and effective plans for people moving to another home. We issued the service with an improvement notice connected to these concerns. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

The registered manager was not able to easily find some of the documents, for example weekly case discussion records, which meant all the leadership team were not able to access potentially important information and recorded decisions. This meant that people's welfare and safety could be compromised by risks that could not be tolerated.

There was not a service improvement plan in place, to note all areas that required improvement and to monitor their progress. This contributed to the fact that areas had been identified for improvement by the manager and were not made. One example of this was the support plans not being updated (**see requirement 1**).

The management team, as a whole, mishandled more than one violent incident and aftermath. Incorrect action was taken during the incidents, and support for staff was poor afterwards. The quality assurance following this did not identify this poor practice so was unsatisfactory in safeguarding people in case of future incidents. We issued the service with an improvement notice connected to these concerns. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

The day activity part of the service has changed over the last year and this needs to be registered appropriately with the Care Inspectorate. The details for the provider on the Care Inspectorate register and the Companies House register were different and need to be accurate and the same. We spoke with the management team about this, and they assured us they will rectify these situations (**see requirement 2**).

## Requirements

1. By 23 September 2024, the provider must ensure service users experience a high quality of safety and welfare provision.

To do this the provider must, at a minimum, create and maintain a Service Improvement Plan, which leads to all improvements, now and in the future, being tracked and completed.

This is to comply with Regulation 4(1)(a)(Welfare of users) 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 use a service and organisation that are well led and managed' (HSCS 4.23).

2. By 23 September 2024, the provider must ensure that all information about the provider and the service is correctly and legally registered with the Care Inspectorate.

To do this the provider must, at a minimum:

- a) Register the day service appropriately.
- b) Ensure the correct company details (as on the Companies House register) are registered with Care Inspectorate.

This is to comply with Regulation 4(1)(a)(Welfare of users) 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 use a service and organisation that are well led and managed' (HSCS 4.23).

## How good is our staff team?

## 1 - Unsatisfactory

The staffing arrangements and the way they worked together were unsatisfactory. There were major weaknesses which require immediate remedial action to ensure people's welfare and safety were not compromised. As the service is performing at an unsatisfactory level, we are concerned about the welfare, health and safety of people. We issued the service with an improvement notice connected to these concerns. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

A relative told us that their son, "Has the opportunity to meet co-workers and staff from different cultures, which brings lots of incredible experiences, for example, food music games etc." This highlights the advantage of having workers from different countries. However, it is important to use all safer recruitment guidelines, to ensure safety for people, and this should be for all staff. The manager was unable to show us that these were in place, which meant there was a risk of unsuitable people working at the home. We issued the service with an improvement notice connected to these concerns. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

Safe staffing levels were not guaranteed. Overnight there were only foundation year co-workers in the house. Their training was not as in-depth as the paid co-workers, and most could not give medication overnight if it was requested. Additionally, in September, when the foundation year co-workers return to their country of origin and new ones arrive, there is a period when this part of the staff group are very inexperienced. There was sometimes only one paid co-worker on duty in the morning, and evening to support the foundation year co-workers. This presented a risk of people needing specific support and it not being possible. This could lead to significantly increased levels of stress and distress experienced by people living in the service because they are being supported by staff who don't know them well and who do not always have the relevant skills and knowledge to provide appropriate care and support. We issued the service with an improvement notice connected to these concerns. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

Staff at all levels told us they were sometimes frustrated with lack of support from more senior members of staff. Staff should be confident that they will be fully supported at all times, by all managers. The lack of appropriate support presented a risk of staff experiencing difficulty with their physical and mental health, potentially leading to poor performance at work or staff leaving their post. We issued the service with an improvement notice connected to these concerns. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

**How good is our setting?****1 - Unsatisfactory**

The overall standard of the environment was unsatisfactory and there were major weaknesses which required immediate action to ensure people's welfare and safety were not compromised. As the service is performing at an unsatisfactory level, we are concerned about the welfare, health and safety of people. We issued the service with an improvement notice connected to these concerns. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

There was a requirement in place from the previous inspection in relation to the environment being brought up to standard, and this had not been met. The dangerous situations we saw had been noted for many weeks and the repairs had not been made. This called into question the willingness or ability of the service to comply with improvements that were necessary for the safety and wellbeing of the people living in the house.

There were immediate safety issues in relation to hot water and windows. We sent a letter of serious concern to the service on 2nd August 2024 requiring improvements to the hot water, and some windows. These were made within 72 hours. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

There were other issues inside the house, such as areas of mould and loose skirting boards. There were also areas outside which presented risks and needed attention, for example asbestos roofing, broken pathway, and missing safety rails. We issued the service with an improvement notice connected to these concerns. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

**How well is our care and support planned?****2 - Weak**

The support plans in the service were weak. As the service is performing at a weak level, we are concerned about the welfare, health and safety of people. We issued the service with an improvement notice connected to these concerns. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

The previous requirement in relation to the quality assurance of support plans was not met and remains in place. See 'What the service has done to meet any requirements made at or since our last inspection.'

The strengths in the plans were the clear layout, and they were written from the perspective of individual people. There were copies of guardianship orders, and there was evidence of some multi-disciplinary involvement. These facts should help staff to understand some of the support that people needed.

The plans were not all being reviewed six monthly, which is a legislative requirement, and the manager agreed to put a process in place to address this.

Care records were not all stored together, for example the service had a weekly meeting to discuss how people were doing, and the manager was unsure where these records were kept. These records should be with the support plans so they can be read by everyone and understood as a whole, thus enabling staff to offer optimum support.

People's support plans were not up to date. For example, they had "during Covid" mentioned several times and this is now years past, so other patterns and lifestyles should be considered as normal and the plan updated as such.

The support plans had areas which evidenced escalation in people's emotions and distressed behaviour. The importance of these had not been recognised and acted on, by completion of the available Enhanced Risk Assessment. This lack of recognition and forward planning needed to improve as a matter of priority, to ensure the welfare and safety of people was not compromised. We issued the service with an improvement notice connected to these concerns. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

The plans were not kept in the main care home. They were kept in a different building so could not be quickly accessed, for example to check the best support was being given. We recommended that there was better access, and potentially a High Risk Note or a One Page Profile that would give instant access to the most essential information.



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

### Requirements

#### Requirement 1

By 2 February 2024, the provider must ensure that people's health and wellbeing benefits from effective and involved leadership. To do this, the provider must ensure the manager uses quality assurance systems for all areas of service provision, to include care plans, medication, the environment, and implements a plan to progress and ensure improvements are made for the benefit of the staff and residents.

This is to comply with Regulation 4(1)(a)(Welfare of users) 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 use a service and organisation that are well led and managed' (HSCS 4.23).

**This requirement was made on 6 December 2023.**

#### Action taken on previous requirement

There were areas where the care plans needed to be improved (which are further discussed in section 5.1). These areas were not being picked up by the manager which indicated that quality assurance systems were not effective.

The medication was being stored, administered and recorded at a good standard.

An extensive environmental audit had been completed in February 2024 and sent to the development manager. A lot of key items had not been actioned, so this was not effective quality assurance and improvement.

From speaking with the registered manager, and the senior support workers we saw that the registered manager was not up to date with, and involved in, all aspects of the daily running of the service.

This requirement has not been met and is extended to 23 September 2024.

#### Not met

#### Requirement 2

By 8 December 2023, the provider must update the registered manager's details through the portal.

This is to comply with Regulation 17 (2) Appointment of a Manager, 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 use a service and organisation that are well led and managed' (HSCS 4.23).

**This requirement was made on 6 December 2023.**

### Action taken on previous requirement

The correct manager's details were on the portal and the certificate.

**Met - within timescales**

## Requirement 3

By 2 February 2024, the provider must ensure that people's health and wellbeing benefit from a clean, tidy and useable home and garden. To do this, the provider must audit all areas, and make a plan for improvements which can track progress until all are completed.

This is to comply with Regulation 4(1)(a)(Welfare of users) 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 an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

**This requirement was made on 6 December 2023.**

### Action taken on previous requirement

As discussed under requirement 1, the environment did not have all the improvements completed and this requirement was not met. Reinstatement of requirement 1 will ensure that this need for improvement will remain in place.

**Met - outwith timescales**

## 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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	1 - Unsatisfactory
2.2 Quality assurance and improvement is led well	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory
3.3 Staffing arrangements are right and staff work well together	1 - Unsatisfactory
How good is our setting?	1 - Unsatisfactory
4.1 People experience high quality facilities	1 - Unsatisfactory
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.