

# Taigh Shiphoint Care Home Service

Sinclair Avenue  
Stornoway  
Isle of Lewis  
HS1 2AP

Telephone: 01851 600501

**Type of inspection:**  
Unannounced

**Completed on:**  
19 September 2024

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

**Service provider number:**  
SP2003002104

**Service no:**  
CS2023000174

## About the service

Taigh Shiphoint (Seaforth House) is a newly built 52 bedded care home in Stornoway comprising of four wings {Bosta, Garry, Coll, and Dalmore} each with 13 en-suite bedrooms. The care home offers 24 hour care and support to older people who may have a range of complex health issues, including dementia.

## About the inspection

This was an unannounced follow up inspection which took place between 16 and 19 September 2024. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the follow up 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. Our main focus was to evaluate service improvements in regard to the two requirements and nine areas of improvement we made at the inspection dated 31 May 2024.

In making our evaluations of the service we;

- spoke formally with four residents and informally with other residents;
- spoke with ten relatives over the telephone and four face to face;
- spoke with a number of staff and management;
- observed practice and daily life;
- reviewed documents; and
- had feedback from three visiting professionals.

**Key messages**

Staff interactions continued to be kind and caring.

Staff continued to inform relatives of changes to their loved ones' health.

The provider has assured us they have the capacity and commitment to make the improvements required.

People were not always receiving the right medication at the right time; this had potential to affect their physical and emotional wellbeing.

Skin and continence health assessments were basic and did not reflect evidence-based practice, or involve the appropriate people.

Oversight and audits of key functions were not robust and staff were not completing audits fully.

There has been insufficient improvements since the last inspection. We have re-evaluated key question 1: How well do we support people's wellbeing and key question 2: How good is our leadership as weak. Priority actions are required.

**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?	2 - Weak
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?

2 - Weak

We have re-evaluated this key question from adequate to weak. An evaluation of weak will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met.

We had made one requirement and four areas of improvement at the last inspection. We identified further concerns in relation to some people not getting the right dosage of their medication at the right time. Although medication audits were now in place we concluded these were ineffective. Proper actions had not been implemented to minimise the likelihood of harm from staff giving some people the wrong dosage of medication. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. We are adjusting the requirement in light of our finding (see requirement 1).

There was insufficient information in health care assessments to direct staff on how to promote healthy skin and continence management. Health assessments relating to skin and continence were inconsistent and not completed fully. Some health care assessments did not involve the appropriate people, for example tissue viability and continence management community nurses. We had made an area for improvement at the last inspection in relation to the provider supporting staff to focus on promoting healthy skin and continence management for people living in the care home. We were not confident staff understood the link between health assessments and planning future good quality care (see requirement 2).

### Requirements

1. By 31 October 2024, the provider must ensure they keep people safe and healthy by ensuring medication is handled and administered correctly. The provider must, at a minimum:

- a) carry out a medication audit to establish a baseline which identifies what improvements are necessary and implement those;
- b) introduce robust auditing processes to ensure medication is being administered safely, including people getting the right medication at the right time;
- c) ensure that people administering medication are suitably trained and that they have had their competency assessed;
- d) notify the Care Inspectorate of all medication errors initially for a period of eight weeks.

This is in order 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 states that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

2. By 31 October 2024, the provider must ensure they keep people safe and healthy by carrying out health-based assessments for all people living in the care home. This must include skin integrity and continence management.

When these assessments are completed the provider must update the necessary care plans and risk assessments to ensure that people's health-based needs are being met.

This is in order 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 states that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

## How good is our leadership?

2 - Weak

We have re-evaluated this key question from adequate to weak. An evaluation of weak will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met.

We had made a requirement at the last inspection in relation to visible management and leadership capacity to lead effective and continuous improvement. The requirement has not been met and will be extended to 14 November 2024. We will expect to see meaningful audits in place that feed into service improvements and improved outcomes for individuals.

Although new audit processes had been introduced, these were largely ineffective. An example of this was care plan audits. There was an inconsistent approach by staff when completing these, and there was no system in place to ensure improvements identified were actioned. Another example was medication audits had not identified that some people were receiving the wrong dose of medication. In conclusion oversight of audits was not sufficiently robust. Audits were incomplete and gathered superficial data that did not lead to expected improvements within the service in a timely manner (see requirement 1).

## Requirements

1. By 14 November 2024, the provider must ensure people are provided with the right care and support which is well led and managed. To do this, the provider must, as a minimum but not limited to, ensure:

a) there is visible management and leadership capacity to lead effective continuous improvement, to include;

- a structured system of staff practice observations, supervision and appraisal;
- an effective and responsive audit timetable is put in place;
- oversight of accidents and incidents, ensuring the Care Inspectorate are informed timeously of any notifiable events;

b) people who live in Taigh Shiphoint and their families/representatives are given the opportunity to have their views heard and taken into account; and

c) the outcomes of all the above are used to inform self-evaluation processes and a service improvement plan which is used to monitor progress.

This is to comply with Regulations 3 and 4(1)(a) 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 Health and Social Care Standards (HSCS) which states that: '

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and  
'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8).

## How well is our care and support planned?

## 3 - Adequate

We have evaluated this key question as adequate where strengths just outweighed weaknesses. Continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

We had made two areas for improvements at the last inspection in relation to care planning, neither of which have been met. We will now be making a requirement in relation to care planning. When we sampled care plans, one person did not have a care plan and other care plans were incomplete, as were some health based assessments. Changes in people's health were not always reflected in their care plans.

### Requirements

1.  
By 12 December 2024, the provider must ensure people's physical, emotional, social and psychological needs are being met. To do this, the provider must, as a minimum but not limited to ensuring:

- a) each person has an accurate and up-to-date care plan which directs staff on how to meet their care and support needs in line with their wishes and choices;
- b) staff must be familiar with the content of the plan and have the necessary knowledge, skills and confidence to provide the care the person needs;
- c) there must be effective arrangements in place to ensure the plan is regularly reviewed, updated and staff are responsive to the person's changing or unmet needs; and
- d) every care plan is regularly audited to ensure the information is accurate, relevant and purposeful. Any issues identified will be followed up with a clear action plan.

This is in order to comply with Regulation 5(2)(b) 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 states that:

'My care and support meets my needs and is right for me.' (HSCS 2.23); and

'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 requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 16 August 2024, the provider must ensure they keep people safe and healthy by ensuring medication is handled and administered correctly. The provider must, at a minimum:

- a) carry out a medication audit to establish a baseline which identifies what improvements are necessary and implement those;
- b) ensure that people administering medication are suitably trained and that they have had their competency assessed;
- c) introduce weekly auditing processes to check medication, identify errors and rectify them; and
- d) notify the Care Inspectorate of all medication errors initially for a period of eight weeks.

This is in order 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 states that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

**This requirement was made on 31 May 2024.**

#### Action taken on previous requirement

Please see key question 1 for further information.

**Not met**

#### Requirement 2

By 16 August 2024, the provider must ensure people are provided with the right care and support which is well led and managed. To do this, the provider must, as a minimum but not limited to, ensure:

- a) there is visible management and leadership capacity to lead effective continuous improvement, to include;
  - a structured system of staff practice observations, supervision and appraisal;
  - an effective and responsive audit timetable is put in place;
  - oversight of accidents and incidents, ensuring the Care Inspectorate are informed timeously of any notifiable events;
- b) people who live in Taigh Shiphoint and their families/representatives are given the opportunity to have their views heard and taken into account; and



c) the outcomes of all the above are used to inform self-evaluation processes and a service improvement plan which is used to monitor progress.

This is to comply with Regulations 3 and 4(1)(a) 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 Health and Social Care Standards (HSCS) which states that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8).

**This requirement was made on 31 May 2024.**

#### Action taken on previous requirement

Please see key question 2 for further information.

**Not met**

## 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 people living within the service can have confidence in the staff to provide care and support in a safe and person centred manner. This should include working in partnership with the community health team, specifically focusing on promoting healthy skin and continence management. An improvement plan should be developed, regularly assessed and evaluated to ensure good practice guidance is being followed by staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 31 May 2024.**

#### Action taken since then

This area of improvement has not been met and is now part of a requirement. Due to further concerns we had about skin integrity, continence management and health care assessments we have made a requirement under key question 1 (see requirement 2).

## Previous area for improvement 2

People who experience care should have the opportunity to participate in activities as per their choice. To achieve this, the provider should ensure staff make the most of opportunities to engage people in meaningful activities as part of their day to day lives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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); and  
'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6).

**This area for improvement was made on 31 May 2024.**

### Action taken since then

The area of improvement has not been met. Whilst we could see staff were taking more time to undertake afternoon activities, there were still significant periods where people were sitting with limited interactions. The provider advised us they were hoping to employ another full time activities co-ordinator. We will assess the impact of this at the next inspection.

## Previous area for improvement 3

To promote people's choice and mealtime experience a review should be undertaken to ensure good practice is being promoted. The dining area should look welcoming and well presented. People should be shown the choices of meals on the day of the meals.

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

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.' (HSCS 1.35).  
'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS 1.34).

**This area for improvement was made on 31 May 2024.**

### Action taken since then

The area of improvement has not been met. We discussed this with the provider and will further consider the dining room experience at the next inspection.

## Previous area for improvement 4

To promote people's dignity and self respect there should be robust systems in place to ensure people are wearing their own clothes.

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

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15).

**This area for improvement was made on 31 May 2024.**

#### Action taken since then

The area of improvement has been met. There were better laundry systems in place to ensure people were wearing their own clothes. Laundry is now washed in the wing people live in, which means laundry is less likely to go missing. People and their relatives told us their relatives were wearing their own clothes.

#### Previous area for improvement 5

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 states 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 31 May 2024.**

#### Action taken since then

The area of improvement has not been met. We did not consider the area of improvement at this inspection. We will consider it further at the next inspection.

#### Previous area for improvement 6

To promote continuity of care, when other health professionals are supporting a person alongside care staff, there should be clear guidance in the care planning documentation as to how this is being done. This should include at a minimum:

- a) the individual tasks care staff and the health professional are responsible for;
- b) when concerns should be escalated; and
- c) how the care needs will be reviewed and evaluated.

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

'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity..' (HSCS 4.17).

**This area for improvement was made on 31 May 2024.**

#### Action taken since then

The area of improvement has not been met. Due to concerns about the quality and standard of care planning it will now form part of a requirement under key question 5 of this report.

#### Previous area for improvement 7

To promote the safety and well-being of residents, the provider should have systems in place to robustly analyse all accidents and incidents. Where relevant, people's care planning documentation should be updated to ensure they are getting the right care and support following an accident or incident.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and  
'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

**This area for improvement was made on 31 May 2024.**

### Action taken since then

The area of improvement has not been met. We did not consider it fully at this inspection. We will consider it further at the next inspection.

### Previous area for improvement 8

People's human rights should be promoted and protected at all times. When restrictive practices are being considered the following documentation and processes should be in place:

- a) a copy of appropriate legal documentation in the care plan;
- b) evidence that the restrictions are the least restrictive;
- c) evidence that the person has had support to understand why restrictive practices are in place; and
- d) clear details in the person's care plans of what the restrictions are and when they will be reviewed.

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

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3).

**This area for improvement was made on 31 May 2024.**

### Action taken since then

The area of improvement has not been met. Due to concerns about the quality and standard of care planning it will now form part of a requirement under key question 5 of this report.

### Previous area for improvement 9

To ensure people's finances are managed safely, staff should be following the provider's "managing people's finance policy." Care plans should reflect how people's finances are being managed.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and  
'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

**This area for improvement was made on 31 May 2024.**

**Action taken since then**

The area of improvement has been met. There were safe systems in place to effectively manage people's finances.

**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?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

## 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 iartras.

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.