

# Tigh-A'Chomainn Care Home Service

4 Craigton Crescent  
Peterculter  
AB14 0SB

Telephone: 01224 732 656

**Type of inspection:**  
Unannounced

**Completed on:**  
2 October 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. At the time of inspection there were nine people living there. The service is based in two houses on large grounds, in the town of Peterculter. Each person has their own bedroom, with bathrooms, kitchens, lounge areas and the garden being shared. The people are supported by some 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

Our inspection on 7 August 2024 raised significant concerns in relation to how people's health, welfare and safety needs were met. As a result, we issued an improvement notice. We carried out monitoring visits on 14 August, 22 August, 27 August, 5 September and 12 September.

This inspection took place on 24 and 25 September 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 three people using the service
- Spoke with four staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

We found that some progress had been made and we extended the timescale for making the necessary improvements to the 9 November. We will continue to provide improvement support and monitor standards of care to ensure people's health, welfare and safety needs are met.

**Key messages**

- The service had worked hard to understand the areas where improvement was required and was making progress.
- The residents we spent time with were happy. They told us about the things they enjoyed doing.
- The home environment was safer.
- Parts of the environment, staff training and staff deployment required improvement.

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

We issued the service with an improvement notice connected to concerns about the quality of people's care and support. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

The provider had an improvement plan in place and was working towards making the necessary improvements. Everyone living in the home had been involved in a review with their care manager and there was a timescale identified to update everyone's care plans. Improvements had been made to several care plans. These care plans provided better guidance on how to support the person when they felt stressed or distressed.

## How good is our leadership?

2 - Weak

We issued the service with an improvement notice connected to concerns about the quality of leadership. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com). We regraded this key question from unsatisfactory to weak in response to the improvements made since the last inspection.

The leadership team had made improvements since the last inspection. A service improvement plan had been created and was being used to record and monitor progress with the outstanding improvements.

A process for supporting staff welfare had been written, and the registered manager role incorporated a duty of care for the staff. Each co-worker will be allocated a supervisor who they will meet with regularly.

The provider was in the process of updating role descriptions to provide clear information on workers' responsibilities and accountability.

## How good is our staff team?

1 - Unsatisfactory

We issued the service with an improvement notice connected to concerns about the quality of staffing. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com). The provider had an improvement plan in place and was working towards making all the necessary improvements.

A staffing tool was being developed. It focused on the tasks for which people required support. We discussed how, in order to be effective it required additional information in relation to people's emotional and behavioural support needs and people's overnight support needs.

Some staff (approximately 50%) had been given training in Behavioural Support Strategies and Adult Support Protection. This meant people could not be confident that all staff understood their specific needs and had the skills to support them effectively.

The provider planned to provide the same level of training for co-workers and foundation co-workers. This will mean people can feel confident that everyone who supports them has received training to support them to gain the right knowledge and skills.

Safe recruitment principles were being followed which meant people could be sure that new staff assessed as safe to work with them.

## How good is our setting?

### 2 - Weak

We issued the service with an improvement notice connected to concerns about the quality of the environment. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com). We regraded this key question from unsatisfactory to weak in response to the improvements that had made since the last inspection.

The provider had an improvement plan in place and was working towards making all the necessary improvements. Repairs had been made which helped people to stay safe. For example, asbestos had been removed, hot water temperatures were safe and all windows could be opened and closed safely, and had restrictors in place if necessary.

People enjoyed spending time outside in the garden. Work was taking place at the time of the inspection to clear some areas to make it a safer place to spend time.

We observed a few maintenance and health and safety issues that had not been identified by the service. All staff should be observant for health and safety issues and make good use the maintenance priority list and service improvement plan to help ensure people live in a safe and healthy environment.

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

### Requirements

#### Requirement 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).

**This requirement was made on 7 August 2024.**

#### Action taken on previous requirement

The service's improvement plan focused on priority areas for improvement. Key questions in the Care Inspectorate quality frameworks helped to keep a focus on outcomes for people. There were two areas, related to mould and to window restrictors, where something was noted as complete when in fact it was not.

The service needs to focus on accuracy in maintaining their improvement plan, that emerging elements are added to the plan, and that the actions and timelines are being utilised to ensure improvements are made.

This requirement is not met. We will extend the timescale to 8th November 2024.

**Not met**

#### Requirement 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).

**This requirement was made on 7 August 2024.**

#### Action taken on previous requirement

The service has decided that the day provision will function as part of the existing care home registration, and have assured us they will submit a variation to that effect. The required registration checks will assure us that people are spending time in premises, and with staff, that are safe and fit for purpose.

The correct company details (as on the Companies House register) still need to be updated.

The service has not reviewed and ensured that all its information is correctly and legally registered with the Care Inspectorate.

This requirements is not met. We will extend the timescale to 8th November 2024.

**Not met**

### Requirement 3

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:

a) 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 10 November 2023.**

#### Action taken on previous requirement

The service improvement plan showed some positive results. The way it is used needs improvement for it to have optimum effect.

The service was still deciding the best method for regular quality assurance. The quality assurance system needs to be clarified and clear so that people can understand it and use it effectively so people can be sure of a safe and healthy place to live.

This requirement is not met. We will extend the timescale to 8th November 2024.

**Not met**

## 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 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?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

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