

# Tigh-A'Chomainn Care Home Service

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Peterculter  
AB14 0SB

Telephone: 01224 732 656

**Type of inspection:**  
Unannounced

**Completed on:**  
18 November 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 nine residents were living in the home. The service is based in two houses in large grounds, in the town of Peterculter. Each person has their own bedroom, with bathrooms, kitchens, lounge areas and garden. There is a separate day provision service for people to use during the week. 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

This was a follow up inspection which took place between 11 and 18 November 2024. The inspection was carried out by three 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 one person using the service and one of their family
- Spoke with 12 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

This service was subject to an Improvement Notice that was issued on 14 August 2024. All improvements have been met. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

## Key messages

- 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.
- Personal plans had clear information on how to support people when they experienced stress or distress.
- A plan was in place to make sure that all staff who provide care and support receive the same training.
- The houses and gardens were safe and comfortable to be in.
- A staffing tool was in place to help make sure people were supported by the right number of staff.
- A new pastoral care policy was in place so that it was clear how the provider and manager will support staff.
- The service improvement plan was being used to plan, track and acknowledge when improvements had been made.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

## 3 - Adequate

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

People benefited from the support they received to take part in meaningful and enjoyable activities every day.

People's support needs had been reviewed and their personal plans were updated. The plans contained clear guidance for staff to enable them to support people.

The provider had changed the staff training plan so that in future all staff will receive the same training so they are equally skilled. This will help make sure that people get the same level of support at all times.

Systems were in place to recognise changes in people's health and wellbeing, and prompt open discussions about the right way to support people. This resulted in changes to personal plans and staff practice to meet people's changing needs. This improvement was relatively recent and further work was required to ensure this approach becomes embedded into everyday practice (**see requirement 1**).

Each year approximately eight foundation year co-workers leave, and new co-workers arrive within a short period of time. This significant change had the potential to impact on the quality of people's care. The manager agreed to devise a plan to support a smooth transition in a way that supports consistent care and people's wellbeing (**see requirement 2**).

### Requirements

1. By 28 March 2025, the provider must ensure that people's health and wellbeing benefits from staff practice being informed by accurate information.

To do this the provider must, at a minimum:

- a) Ensure accurate information about how people express their emotions is recorded by the service, and appropriately shared with other professionals, families and guardians.
- b) Ensure this information is discussed with all staff, leading to a recognition of a change in support needs.
- c) Ensure any identified development or training needs are implemented and the impact on people's care, health and wellbeing is evaluated.

This is to comply with Regulation 4(1)(a), (b) and (c) and 5 (2) 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 am recognised as an expert in my own experiences, needs and wishes' (1.9); 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).

2.

By 28 March 2025, the provider must put in place a plan that will ensure staff changes, and in particular the annual change of foundation year co-workers, are managed in a way that supports consistent care and people's health and wellbeing.

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 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).

## How good is our leadership?

## 3 - Adequate

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

Some service information on the Care Inspectorate register had been updated and other information was still being clarified (**see requirement 1**).

A system for many areas of quality assurance had been drawn up but was not in full use. The service needs to embed all aspects of quality assurance and use the gathered information to improve the outcomes for people (**see requirement 2**).

### Requirements

1. By 28 March 2025, the provider must ensure that all information is accurate on the Care Inspectorate register. This should include, but is not limited to, the Whole Time Equivalent staffing number and the day provision part of the service.

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 28 March 2025, 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).

## How good is our staff team?

## 3 - Adequate

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

People were supported by staff working in a variety of roles. For clarity, a descriptor of everyone's roles and responsibilities was in place, and had been distributed to all staff. As these were new documents the service agreed to review them over the coming months.

There was a helpful pastoral policy that explained how staff will be supported, and the manager's role description was clear on the important part they play in ensuring staff receive the right support.

An improved training plan was being used to ensure staff had the right skills to fulfil their duties and ensure good outcomes for people.

The staffing tool had been developed and was being refined. This should help the service to ensure there are enough skilled staff at all times, to manage all situations safely and effectively (**see requirement 1**).

### Requirements

1.  
By 28 March 2025, the provider must ensure there are enough skilled staff at all times, to manage all situations safely and effectively.

To do this the provider must, at a minimum:

- a) Maintain a staffing tool that reflects the needs of each individual person and the group as a whole, over the whole year period.
- b) Ensure that all staff are adequately trained to meet all support needs of all residents over any 24 hour period.

This is to comply with section 7 and 8 (1) (a) of the Health and Care (Staffing) (Scotland) Act 2019.

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' (3.14).

## How good is our setting?

## 3 - Adequate

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

All the immediate safety concerns were addressed promptly and the environment was safe. People enjoyed living in a comfortable home.

In the day provision the hot water temperature, and hot surfaces need to be suitably regulated (to remain safe), and the entrance needs to be fully accessible (**see requirement 1**).

## Requirements

1. By 28 March 2025, the provider must ensure the environment is safe for all people, and meets the requirements for the condition on their registration to be met.

To do this the provider must, at a minimum ensure:

- a) The hot water and hot surfaces in the day provision are suitably regulated.
- b) The entrance to the day provision is fully accessible.

This is to comply with:

Regulation 10(1)(A) (Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure the environment is consistent with the Health and Safety Executive guidance (Health and Safety in Care Homes published by the Health and Safety Executive 2001).

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

'My environment is secure and safe' (HSCS 5.19); and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

## How well is our care and support planned?

## 3 - Adequate

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

Each person had an up-to-date personal plan with clear guidance for staff on how to offer support. This should help people to achieve good outcomes.

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

### Requirements

#### Requirement 1

By 8 November 2024 (extended from 23 September 2024, and originally made on 7 August 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 planned 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 2 October 2024.**

#### Action taken on previous requirement

There was a service improvement plan, and also an environmental action plan which were being used to good effect. It was easy to see the areas which were identified for improvement. The plan tracked when the improvement was expected to be completed, update notes throughout the period, and either a completed date or a future completion date. This tracking should help to ensure that improvements are completed.

**Met - within timescales**

#### Requirement 2

By 8 November 2024 (extended from 23 September 2024 and originally made on 7 August 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 company details as per Companies House were correct on the Care Inspectorate register.

An appropriate variation was submitted for the day provision. Tigh a' Chomainn worked with the Care Inspectorate registration team, and also during our inspection, in relation to safety in the day provision. Some aspects were fully up to standard. Two were yet to be completed (equal access to the building for everyone, and the hot water and hot surface temperature safety). We agreed to extend the timescale to 28 March 2025 (see section 'How good is our leadership' of this report).

The figure for the number of staff working in the service was being update, and will be correctly registered when finalised.

#### Met - within timescales

### Requirement 3

By 8 November 2024 (extended from 23 September 2024, and from 7 August 2024, and originally made 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 2 February 2024.**

#### Action taken on previous requirement

The registered manager was aware of the areas which needed to improve and how this could be achieved. The leadership team were responsive to reflection about how the service's performance affected the residents' lives.

Quality assurance systems were in development for areas such as care plans, medication, cleaning records, coworker support, people's reviews and staff training. These should ensure people receive a good quality of care and if a high standard is not reached, coaching and training for staff will be implemented to improve their performance.

Leaders who were responsible for the day-to-day operation of the service report to, and were accountable, to the trustees. Trustees planned to check adherence to the recently written roles and responsibilities descriptors, and through regular meetings. This accountability and support should become embedded over the coming months to ensure future benefit to people living and working in the care home.

The provider was planning to further develop the service's approach to quality assurance through a planned programme of self-assessment activities throughout the year.

We agreed to extend the timescale to 28 March 2025 (see section 'How good is our leadership' of this report) to enable the service to embed the improvements.

**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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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