

## Walter & Joan Gray (Care Home) Care Home Service

Main Street  
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Shetland  
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**Type of inspection:**  
Unannounced

**Completed on:**  
21 November 2024

**Service provided by:**  
Church of Scotland Trading as  
Crossreach

**Service provider number:**  
SP2004005785

**Service no:**  
CS2003009601

## About the service

Walter & Joan Gray is a care home for older people situated in the small fishing village of Scalloway, on the Shetland mainland. The provider is Church of Scotland, trading as Crossreach.

The service provides residential care for up to 16 people, with three of these places being available for respite breaks. 15 people were being supported by the service at the time of inspection.

The service provides accommodation over two floors with single bedrooms, each with an ensuite toilet, hand-basin and wet-floor shower. There is a shared lounge and dining area on the ground floor and two sitting rooms on the upper floor. The service has lift access between floors.

There is a shared garden to the rear of the building and an outdoor seating area to the front.

## About the inspection

This was an unannounced inspection which took place on 18, 19 and 20 November 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 six people using the service and five of their family members
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals.

## Key messages

- People's personal care needs were met and their rooms were clean and personalised.
- People had support to participate in meaningful activities but this had been compromised by staffing shortages.
- Processes for sharing health information were not effective, meaning people's health needs were not always met.
- People were at risk of harm as food safety procedures and individual nutritional needs were not adequately monitored.
- Improvements were needed to cleaning arrangements to reduce the risk of the spread of infection in communal areas.
- Fire safety and maintenance arrangements needed to improve to keep people safe.
- Staffing numbers and skills mix were not sufficient to take account of people's changing needs.
- Personal planning systems were good but needed to be kept up-to-date to ensure people's needs and outcomes were met.

## 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?                | 3 - Adequate |
| How good is our staff team?                | 2 - Weak     |
| How good is our setting?                   | 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 evaluated this key question as weak. We identified some strengths, but these were compromised by significant weaknesses which substantially affected people's experiences. Improvements are required as a priority to ensure the welfare and safety of people.

The service had an effective approach for assessing people's needs and preferences for meaningful activity, but this had been compromised by recent staffing shortages. We sampled people's personal plans and a range of posters and communications with families relating to activities. These showed that people had been involved in sharing their interests and planning enjoyable experiences both inside and outside of the care home. Unfortunately, there had been no activity co-ordinator in the home for several months. There was no contingency plan in place to ensure activities could continue during this period. Due to staffing shortages and a high level of support needs in the service, care staff had limited time available to support meaningful activity for people. We observed people spending long periods of time with minimal interaction or stimulation. This meant that people did not have sufficient opportunities to spend their time in a fulfilling way. **(See area for improvement 1)**

Systems were in place to manage people's medication safely. The service had experienced a high level of medication errors in recent months, but managers had taken action to improve medication practice and oversight. This had resulted in a reduction in errors and improved practice. The service benefited from regular input from external professionals such as community nurses and speech and language therapists. A weekly 'multi-disciplinary' meeting attended by a GP and community nurses had been implemented by the manager to discuss people's health and treatment plans. This helped to provide a means of communication between the service and professionals to address people's health issues. There was also a range of screening tools available to the service to monitor people's health and wellbeing. Despite this, we identified that processes for sharing information about people's health and escalating concerns were not clear. Recording of daily meetings and information about health issues was insufficient. Records did not clearly indicate when concerns had been highlighted to health professionals and what follow up actions were required. Staff had limited understanding of Adult Support and Protection (ASP) and their responsibility to protect people from harm. This meant that people were at risk of harm and avoidable deterioration in their health. **(See requirement 1)**

The service had identified a number of people experiencing weight loss, but it was not clear how they had been supported to improve their nutritional intake. This meant that people were at risk of health issues related to weight loss. People had limited involvement in planning meals and their options were very limited during the time of the inspection due to the cook being on leave. Contingency arrangements to cover the cook's absence were insufficient and resulted in people eating meals brought in from external restaurants or eating reheated pre-prepared meals. Domestic staff had been re-deployed to cover kitchen duties but had not completed training to understand their responsibility for safe storage and preparation of food. People had limited access to fresh drinking water and relied on staff identifying when they needed a drink. This meant people were at risk of significant harm from eating food that was not safely prepared and not having enough support to keep hydrated. **(See requirement 2)**

### Requirements

1. By 24 February 2025, the provider must ensure people are supported safely with their assessed needs. Methods and systems used to communicate and monitor people's health and wellbeing must be clear.

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

- a) ensure monitoring records and alerts are in place for people who require support in relation to their health needs. This should include, but not be limited to, bowel management, pain, skin care, food and fluids and oral hygiene;
- b) give staff clear instruction on how to complete monitoring records and how to escalate concerns;
- c) ensure monitoring records are regularly reviewed to make sure they are completed effectively and the correct actions taken; and
- d) facilitate and document daily meetings, ensuring these are carried out consistently. Actions required must be clearly recorded and communicated and taken without delay.

This is to comply with SSI 2011/210 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:

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

and

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

2. By 24 February 2025, the provider must ensure people have access to sufficient and nutritious food that is safely prepared and meets their nutritional needs.

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

- a) ensure all staff responsible for preparing and serving food have undertaken sufficient training for their role;
- b) ensure sufficient monitoring records and alerts are in place for people requiring support with their nutritional needs;
- c) ensure relevant information about people's nutritional needs is shared with the kitchen staff;
- d) ensure people have opportunities to make choices about their meals; and
- e) ensure people have independent access to fresh drinking water or support to access fresh drinking water at regular intervals.

This is to comply with SSI 2011/210 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:

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37)

and

'I can drink fresh water at all times' (HSCS 1.39).

## Areas for improvement

1. The provider should ensure that activities are a planned part of everyone's daily care. All staff should receive training and guidance to ensure they are able to support people effectively to engage in activities that are meaningful to them and stimulating.

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

'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).

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate. We identified some strengths that had a positive impact on people's experiences. The likelihood of achieving consistently positive outcomes was compromised because key areas of performance needed to improve.

The provider had a system in place for quality assurance which included a range of audits across key areas. This included infection prevention and control (IPC), the environment, fluids, falls, oral care and skin integrity. Some areas of staff practice were regularly monitored including medication competency and moving and handling competency. A service improvement plan was in place which outlined a number of recent improvements and further improvement goals. This demonstrated that leaders were committed to developing the service. We sampled audits and found that these were not always completed on time. There was limited evidence of follow up actions where issues had been identified in audits. For example, over several months, audits identified that staff recordings of oral care and skin integrity was insufficient but this had not been addressed with the staff members involved. This meant that people remained at risk as improvements were not followed up. **(See requirement 1)**

The service had experienced a period of high staff turnover and was relying on agency staff and newly recruited staff, with limited experience, to fill key roles. Agency seniors did not have regular support or supervision from managers. Key areas of staff practice were not monitored, including how staff manage people's daily routines and how they understand their daily tasks and responsibilities. This meant that there was insufficient oversight of staff practice and we could not be confident staff were delivering care safely and in line with good practice guidance, including the Code of Practice for Social Service Workers (SSSC) Scottish Social Services Council, 2024.

The provider had a robust induction process for new staff but the induction records we sampled had not been fully completed. This meant that opportunities to identify training and development needs were missed. The manager had implemented a new system for tracking staff training which demonstrated awareness of the need for improvements in this area. Staff also had access to regular supervision which provided opportunities to discuss their development. Supervision records did not demonstrate how these discussions led to additional training or support for staff. A number of staff were working across different roles without clear guidance. The manager had taken some action to clarify job roles, but further development was required to ensure staff were competent and confident in each of the roles they fulfilled. **(See Requirement 2)**

## Requirements

1. By 24 February 2025, the provider must ensure quality assurance processes are in place which drive improvement and keep people safe.

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

- a) ensure quality assurance audits are identified which promote the safety and wellbeing of people and staff;
- b) ensure quality assurance audits are scheduled and completed in line with organisational requirements;
- c) ensure that actions identified in quality assurance audits are followed up with clear action plans which are reviewed and signed off by the responsible manager; and
- d) ensure governance and adequate oversight arrangements are in place of service quality and to provide guidance and support to leaders in the service.

This is to comply with SSI 2011/210 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:

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

2. By 24 February 2025, the provider must ensure people are supported by a service which is well led. Duties, roles and responsibilities of all staff and their contribution to the operation of the service must be made clear.

This includes, but is not limited to;

- a) ensuring job roles and functions are clearly established;
- b) ensuring the right people, with the right skills, knowledge, experience and qualifications are in the right roles;

- c) ensuring staff have access to the right training and development opportunities; and
- d) tracking when staff should attend refresher training to keep their skills aligned with current best practice.

This is in order to comply with section 7(1) and 8(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:

'My care and support is consistent and stable because people work together well' (HSCS 3.19)

and

'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).

## How good is our staff team?

**2 - Weak**

We evaluated this key question as weak. While we identified some strengths, these were outweighed by significant weaknesses which impacted people's outcomes. Improvements are required to ensure people's welfare and safety needs are met.

The service used a dependency tool to support staffing decisions. This reflected people's changing needs, including where people required an increase in support with mobility, continence and mealtime assistance. We saw that this assessment resulted in an increase in support hours delivered to people where required. Managers were also providing support to people at busy times, particularly in the morning, which helped to ensure people's personal care needs were not delayed. The provider had recruited some new permanent staff and continued to work on recruitment in order to reduce reliance on short term agency staff. This demonstrated that leaders were aware of the impact of the lack of stability in the staff team and were taking steps to resolve this.

The service was still heavily dependent on the use of agency staff to provide cover, particularly in senior roles. We saw that agency staff were working excessive hours in some instances. Agency seniors held a high level of responsibility for ensuring people's wellbeing, this created a risk as they did not have adequate rest breaks. The service had vacancies across key areas including the kitchen, housekeeping, activities and care staff. We reviewed rotas and saw that deployment of staff was largely static and did not take account of the additional support needed at peak support times. This meant that people's support needs may not have been met, for instance during mealtimes when staff were required to support a number of people to eat their meals. Dependency assessments identified a high number of people requiring two carers to meet aspects of their support. This resulted in some residents being unsupervised for long periods as staff were required to 'double up' to provide care. This was particularly problematic during times of staff sickness or annual leave, and meant some people did not have adequate supervision to keep them safe.



Rota planning did not sufficiently take account of the required skill mix of staff to ensure people experienced good quality care. Over reliance on more experienced staff had created workload pressures and some staff feeling overwhelmed by their workload. New staff were not adequately supported to develop their skills because experienced colleagues did not have the time or the capacity to support them sufficiently. Team meetings were taking place regularly to allow staff an opportunity to express their views and we could see that some staff had raised concerns about capacity in the service. This had not led to sufficient change to support the team. Where issues had been identified with staff performance or capability, these had not been adequately addressed by the provider to make improvements. This had an impact on people's experiences as staff were not deployed effectively, supported adequately, or encouraged to provide for more than people's basic health and personal care needs. **(See requirement 1)**

## Requirements

1. By 24 February 2025, the provider must ensure staff are deployed effectively to meet people's needs.

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

- a) ensure rota planning takes account of people's assessed needs at different times of the day and the skills, knowledge and experience of staff in order to create an effective skills mix;
- b) ensure staff have sufficient supervision and support to fulfil their duties effectively, this should include regular observations of staff practice and competence;
- c) ensure organisational policies are followed where practice or performance issues arise to ensure accountability; and
- d) ensure sufficient presence and visibility of leaders to provide oversight, guidance and to drive improvements in practice.

This is in order to comply with section 7(1) 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:

'My needs are met by the right number of people' (HSCS 3.15)

and

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

## How good is our setting?

**2 - Weak**

We evaluated this key question as weak. We identified some strengths which had a positive impact on people's experiences. These strengths were outweighed by significant weaknesses which impacted people's safety and wellbeing. Improvements are required as a priority to ensure people using the service are safe.

The setting was warm and comfortable and people's rooms had been personalised with lots of photographs and personal items. The service had an environmental improvement plan and several rooms had recently been refurbished, to include improved ensuite facilities which enhanced people's access and independence. People's rooms were clean and fresh. Domestic staff told us this was a priority for them. This helped to ensure people experienced clean and comfortable private spaces which supported their wellbeing. A planned maintenance contract was in place to support ongoing maintenance of the environment, and contractors were attending to ongoing equipment maintenance, including lifts, boilers, hoists and electrical systems. This helped to ensure equipment was adequately maintained.

We identified significant risks to people in relation to compliance with fire safety measures. There were systems in place to monitor fire safety, including a fire safety risk assessment and a fire safety audit from the Scottish Fire and Rescue Service (SFRS), as well as daily and weekly fire safety checks. Deficiencies identified in these assessments had not been addressed by the provider. Several fire doors were not operating effectively which meant people would be at risk in the event of a fire. Fire evacuation plans had not been amended to take account of known risks, meaning people may have been evacuated into high risk areas of the home. The provider took action during the inspection to make improvements and adapted the evacuation plans. Effective fire safety measures are critical to ensuring the safety of people who would be unable to keep themselves safe in an emergency. **(See requirement 1)**

Daily, weekly and monthly maintenance checks were taking place in the service but following a recent reduction in maintenance hours, these were not completed in line with the provider's maintenance policy. Safety checks in individual rooms and general maintenance checks were not routinely recorded. A range of shared spaces in the home, including lounges and a communal bathroom, were being used to store broken furniture and other items. This meant these areas were inaccessible or unsafe for people which impacted their ability to make use of the spaces in their home. **(See area for improvement 1)**

Infection prevention and control (IPC) measures in communal areas were not sufficient. Carpets, radiators, water coolers and lounge chairs were dusty and dirty in some instances. These issues had not been identified in environmental audits. Domestic staff did not have access to the IPC guidance manual and were frequently being re-deployed to other roles which meant these areas of the home were not prioritised. This meant that people were living in an environment that was not well maintained, clean or fresh. People were at risk from poor hygiene and spread of infection. **(See requirement 2)**

## Requirements

1. By 24 February 2025, the provider must ensure that people are kept safe by having sufficient fire safety arrangements in the service. These must meet the requirements of the Practical Fire Safety Guidance For Existing Care Homes (Scottish Government, 2022).

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

- a) produce an action plan to address the risks identified in the provider's Fire Safety Risk Assessment. This action plan should include timescales for the completion of required actions;
- b) produce a schedule for reviewing the Fire Safety Risk assessment in line with organisational policy;

- c) ensure a clearly defined Fire Safety Policy is available for the service;
- d) ensure evacuation procedures are clear, up-to-date and take account of risks in the environment; and
- e) ensure all staff are given information, instruction and training on the action to be taken in the case of fire and the measures to be taken or observed on the premises.

This is to comply with Regulation 10(1) and 10(2)(b) (Fitness of Premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

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

2. By 24 February 2025, the provider must ensure that people experience care in an environment that is clean and minimises the risk of spread of infection.

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

- a) ensure that cleaning schedules are in place and all staff responsible for domestic tasks are aware of their responsibilities and who they report to;
- b) ensure robust Infection Prevention and Control (IPC) quality assurance checks are in place and appropriate remedial actions taken when necessary; and
- c) ensure that all staff working in the care home adhere to the correct infection prevention and control procedures and practices in line with the National Infection Prevention and Control Manual (NIPCM).

This is to comply with Regulation 4 (1)(a)(d) (Welfare of users) and 10 (2)(b) (Fitness of premises) 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:

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

### Areas for improvement

1. To ensure the environment is adequately maintained and to keep people safe, the provider should ensure effective processes are in place to track ongoing maintenance.

This should include, but not be limited to, ensuring sufficient availability of maintenance staff and ensuring daily, weekly and monthly maintenance checks are completed in line with organisational policy.

Arrangements should be in place for maintenance checks to be completed in the absence of the maintenance officer.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

## How well is our care and support planned?

## 3 - Adequate

We evaluated this key question as adequate. We identified some strengths that had a positive impact on people's experiences. The likelihood of achieving consistently positive outcomes was compromised because key areas of performance needed to improve.

All people using the service had a personal plan in place. These contained person-centred and outcomes-focused information, setting out people's care and support needs, preferences, likes and dislikes. Six monthly review meetings were taking place in line with legislation and families told us they had been able to contribute to updates and changes to personal plans. People's wishes for end of life care were generally well recorded, including information about when families should be contacted if their relative's health declines. This meant that people's personal plans reflected their wishes and the appropriate people had been involved to help ensure they were accurate and meaningful.

The service recognised the need for external input from health professionals, such as community nurses, social workers, general practitioners (GPs) and speech and language therapy (SALT). This helped to promote good health outcomes for people. Processes for sharing and recording information about changing needs was not consistent or well documented. This meant that staff did not always have the required information in people's personal plans to provide consistent and responsive care. This contributed to delays in people's care needs being met and avoidable risks arising, such as people developing pressure sores or not having adequate support to monitor their nutritional needs.

The service had a 'resident of the day' system in place to review personal plans on a monthly basis, meaning that key staff should have been ensuring information was up-to-date and accurate. This system had been impacted by staffing capacity, knowledge and skills. This meant updates were not made routinely and changing needs were not always reflected in people's personal plans. People were at risk of changes in their health not being identified by the service, properly tracked, and referred appropriately. **(See requirement 1)**

### Requirements

1. By 24 February 2025 the provider must ensure that people's personal plans contain up to date and essential information to give staff clear instruction on how to meet their needs safely.

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

- a) carry out regular reviews of care plans to ensure these reflect people's current needs and record when these have been completed;

- b) ensure that amendments to care plans and risks assessments are made timeously when people's needs have changed;
- c) communicate people's changing needs clearly to all staff and keep a record of how this has been communicated; and
- d) use care plan audits to ensure information about people and their needs are accurate and issues identified are addressed effectively.

This is to comply with Regulation 5(1) (Personal Plans) 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:

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

## 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     |
| 1.2 People get the most out of life  | 3 - Adequate |
| 1.3 People's health and wellbeing benefits from their care and support     | 2 - Weak     |
| How good is our leadership?  | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well                          | 3 - Adequate |
| How good is our staff team?  | 2 - Weak     |
| 3.3 Staffing arrangements are right and staff work well together           | 2 - Weak     |
| How good is our setting?   | 2 - Weak     |
| 4.1 People experience high quality facilities                              | 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 |

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