

## Castlehill Care Home Care Home Service

Caulfield Road North  
Cradlehall  
Inverness  
IV2 5GH

Telephone: 01463247050

**Type of inspection:**  
Unannounced

**Completed on:**  
10 February 2025

**Service provided by:**  
Simply Inverness Ltd

**Service provider number:**  
SP2019013321

**Service no:**  
CS2019375425

## About the service

Castlehill Care Home is registered to provide a care service to a maximum of 88 older people. The service was registered with the Care Inspectorate on 20 December 2019. The provider is Simply Inverness Ltd.

The home is located in a three-storey building, situated on the south east outskirts of Inverness. Residents enjoy spacious bedrooms with en-suite facilities. There are several comfortable lounge/dining rooms on each floor where people can eat together and spend time with other residents or their visitors. Within the lounge/dining rooms are tea and coffee making facilities so residents or their visitors can make drinks and light refreshments. There are private dining facilities on the ground floor where people can arrange to entertain their families and enjoy a meal together in privacy. Within the reception area, there is comfortable seating and tea and coffee making facilities.

The rooms on the upper floors have access to a private balcony, and rooms on the ground floor open onto a private patio in the enclosed courtyard. People can access the garden and the ground floor via the elevator or stairs. There are on-site laundry and kitchen facilities; most meals are freshly prepared on-site. A hairdressing service is also available to residents. At the time of our inspection there were 67 people living in the care home.

## About the inspection

This was an unannounced follow up inspection which took place over three days between 2 and 4 February 2025; and included a night time visit.

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 24 people using the service;
- Spoke with 29 of their family members;
- Spoke with 33 staff, including the management;
- Spoke with four professionals who regularly visit the home;
- Observed practice and daily life;
- Reviewed a significant number of care plans, risk assessments, evaluations, daily notes and other related documents.

## Key messages

- Staff had developed meaningful relationships with people.
- People were supported by a team of care staff who knew them well.
- The service had developed effective relationships with allied professionals.
- The environment was homely, clean and comfortable.
- Communication needed to improve to ensure people's support was consistent.
- Personal support plans needed further development to reflect people's choices and preferences.

## 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 setting?	4 - Good
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 found the service had made effective improvements in this key question. In recognition of this we have confirmed a review of our evaluation upwards from weak to adequate. This meant we saw strengths emerging which led to positive outcomes for people.

Staff treated people with compassion, and we saw positive relationships between staff and people living in Castlehill. Staff were kind and attentive, supporting people at their own pace. This was confirmed by relatives and people living in the care home, who told us:

- 'They are so good to me here, I have everything I need'.
- 'Staff are lovely'.
- 'Dad is very well looked after, we have no concerns'.
- 'Staff are good and treat me well'.
- 'The carers are so good I am amazed at what they do'.
- 'Mum loves it here and she feels safe and settled'.

It was clear that core staff knew people's needs well and we saw several staff members support people who were upset or disoriented sensitively. This helps people feel safe. Throughout the inspection we observed staff responding to people politely and respectfully and where appropriate, with shared humour. Developing respectful trusting relationships is fundamental to promoting and maintaining wellbeing for people.

The service worked with other agencies and professionals to support health and wellbeing and to achieve good outcomes for people. For example, GP and community nursing service; stress and distress and social work teams. There were systems in place to monitor people's health and wellbeing on a daily, weekly and monthly basis. This included, skin care, nutrition and hydration, oral health and mobility. Professionals visiting the home regularly, told us that communication was better; staff understood people's needs well and worked collaboratively with them. We saw some good examples of this from the work undertaken with the stress and distress team, dietitians, and SALT, which supported good outcomes for people's health and wellbeing.

We found that generally, food looked and smelled delicious which helped to stimulate people's appetites. However, some people we spoke with said the meals were not always appetising. For example, the lunch on Sunday consisted of soup, sandwiches, and savoury snacks, much of which was dry, and no alternatives offered. We were advised that the meal arrangements for Sundays had been changed and that a traditional Sunday roast would be served later in the afternoon. However, this change had been carried out without any consultation with residents, their representatives or families. It is important that people living in the home and /or their representatives, are routinely consulted on issues that affect them, and particularly when changes to normal routines are planned. People should be enabled and supported to give their views on a range of issues that affect them and have those views respected. We understand that the mealtime arrangements have been changed again, and the lunch menu on Sundays will include a traditional roast option. We were also advised that there were plans for discussions about menu planning with residents and chefs in the near future.

People who needed assistance were supported to eat at a pace that was suitable for them. This meant no one was rushed and ensured that the person had sufficient nutritional intake to meet their needs. Staff were attentive to people's positioning while eating which helped reduce risk of choking.

We made a requirement on 12 September 2024 in relation to ensuring the service's systems effectively supported people when their health needs changed. We concluded that the requirement had been met overall (See 'What the service has done to meet any requirements made at or since the last inspection' for further details.)

In relation to pain assessment and management, we found the care control system had a pain assessment tool and staff also used the Abbey pain scale, which provided some guidance to staff on how people should be supported with pain relief. However, we could not evidence that staff had consistently evaluated whether any pain relief administered, had been effective or otherwise. This was important information to assess whether further actions were needed to alleviate pain.

We have made a new area for improvement to address this. (See area for improvement 1).

### Areas for improvement

1. To ensure people always receive the right medication or treatment at the right time, the service should ensure, as a minimum:

- a) when people experiencing care are prescribed pain medication, there is a pain assessment and plan in place to fully guide staff on how they are to be supported;
- b) ensure that any 'as required' pain or other medication administered, is evaluated with each person to ensure it is effective and further medical advice sought if not.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:**

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

### How good is our leadership?

### 3 - Adequate

We found the management team had made consistent improvements in this key question. In recognition of this we have confirmed a review of our evaluation from weak to adequate.

There had been a consistent management presence in the home over the last six months providing leadership, direction and guidance for staff. While most staff welcomed the change of management, and recognised the need for improvement, the communication of this had been inconsistent resulting in frustration and confusion for staff, people living in the service and relatives. A new permanent manager had been appointed, and we noted that staff and relatives have expressed confidence in the new leadership.

Recruitment and retention of staff continued to be challenging for the service, and there was still a high level of agency staff used. Block booking of agency staff had supported some consistency and continuity. However, this had an impact on the core staff team in keeping agency staff updated regarding changes in support needs and recording requirements.

We observed appropriate mentoring and coaching, and effective deployment of staff to support people, which has now started to show in improved care practice, more accountability, transparency and responsive care and support delivered. This demonstrated a clear understanding of staff capacity, skills, the needs of residents, and an operational overview of the home. The new manager now needs to develop the staff

team, nurturing their learning and development and continue to effect positive change.

## How good is our setting?

### 4 - Good

We saw particularly strong improvements in this key question over the last six months. In recognition of this, we updated our evaluation to good where strengths outweigh weaknesses.

We found Castlehill to be appealing and relaxed, with high-quality furnishings and décor throughout all three floors. The dining rooms offered a comfortable setting, where residents were seated at smaller tables to encourage conversation in small groups. There was clear signage throughout Castlehill that supported people's ability to navigate their environment easily. This is important to support the reduction of stress and anxiety.

The environment on all three floors was clean and odour-free, with large windows that brought in plenty of natural light. This supported people's mental wellbeing, and encourages people to use the space for activities and social engagement. It was encouraging to see the communal areas now being used to deliver social and recreational activities for residents.

Bedrooms were spacious and personalised for each resident, with their names clearly displayed on the doors. Ensuite facilities and communal bathrooms were clean and tidy. We observed that several bedroom doors had been shut across all three floors. People should be asked if they would prefer their bedroom door open or closed. This will help reduce feelings of loneliness, encourage interaction and allow staff to check on people as they walked along the corridors. Even if people preferred to stay in their rooms, this would allow staff to ensure people's safety. It would also encourage social engagement and the mental wellbeing of people.

Previous concerns about odours and cleanliness on the first floor were fully resolved. Chairs were well-maintained and stain-free, seating areas remained clean, and tables were regularly wiped down. Floors were kept clear of food and debris, ensuring a high standard of cleanliness for people.

Ground floor residents had direct access to a safe enclosed courtyard garden, while first and second-floor balconies offered outdoor space. However, we found these areas were not fully utilised. We would like to see this progress and developed further in the future.

## How well is our care and support planned?

### 3 - Adequate

As a result of our assessment against an outstanding requirement made at the previous inspection, we have confirmed a review of our evaluation of this key question from weak to adequate, where strengths only just outweighed weaknesses. **See section 'What the service has done to meet any requirements made at or since the last inspection' for further detail.**

Care plans were factual and up to date, however, there was limited references to what goals were important to people and did not always reflect individual's unique needs, preferences, and outcomes.

It was clear that care staff did not routinely read the care plans. The service was using a high number of agency staff, who were not always familiar with people's care needs. If important information is not easily accessible, shared or passed on accurately this may have a negative impact on people.

We have made a new area for improvement to provide a focus on these areas.  
(See area for improvement 1).

### Areas for improvement

1. To support positive outcomes for people, ensure people's care and support is person-centred and provided in a planned and safe way, the service should ensure, as a minimum:

- a) the care planning process is tailored to a person's care and support needs as well as their interests, abilities, history and personality;
- b) personal plans include outcomes which are important to people;
- c) there are systems and processes in place to ensure important information about people's care and support needs is shared or passed on accurately to the whole team, including new and/or agency staff at all times.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My personal 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); and

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23).

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

### Requirements

#### Requirement 1

By 22 November 2024, the provider must ensure that service users experience safe and compassionate care and treatment that meets their health, safety and wellbeing needs and preferences. This includes but is not limited to support with nutrition, falls, stress and distress, and moving safely.

In particular, but not exclusively, you must ensure that:

- a) Service users' assessments, care plans and any relevant supporting documents set out service users' health, safety and wellbeing needs and preferences and details how they should be met, including when there is a significant change to those needs.
- b) Staff responsible for clinical oversight have the necessary skills and knowledge to assess service users' health, safety and wellbeing needs, including when there is a significant change in those needs.
- c) Staff at all levels must take appropriate actions as are necessary to ensure that service users consistently experience safe and compassionate care, ensuring service users receive assistance that meets their care needs and preferences at all times.
- d) Managers, nursing and care staff understand and fulfil their roles and responsibilities in relation to promptly identifying, reporting and responding when there are changes in service users' health, wellbeing or safety needs, including when service users may be unhappy or at risk of harm.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210); Regulation 4(1)(a); and Regulation 4(2) (Welfare of users); Regulation 5(1); and Regulation 5(2)(b)(ii) (Personal plans).

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

'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).

'I am assessed by a qualified person, who involves other people and professionals as required'. (HSCS 1.13).

This requirement was made on 23 September 2024.

#### Action taken on previous requirement

The service had made sufficient progress in this area. People's care plans had been recently updated and were informed by risk assessments covering nutrition, falls, stress and distress, and moving safely. We saw evidence that staff had responded promptly when there were changes in people's health, wellbeing or safety needs, for example following a fall. Relevant professionals had been involved where necessary, for example, the dietitian. It was evident that their specialist advice had informed people's care plans, providing a good level of detail about the dietitian's food-based recommendations.



To ensure staff have the necessary skills and knowledge to assess service users' health, safety and wellbeing needs, staff training was ongoing. In some instances, this was being provided by external health professionals who were supporting the service with their improvement work.

Staff we spoke with felt confident in their role. We saw examples of care staff raising concerns with the nurse in charge about a possible change in a person's health or wellbeing.

This requirement is therefore **Met**.

However, we have made a new area for improvement to ensure care plans are person centred, outcome focused, and all staff have easy access to information about people's care and support needs.

See area for improvement under Key Question 5 ; 'How well is our care and support planned?'

## Met - outwith timescales

### Requirement 2

By 30 October 2024, the provider must demonstrate that the service has systems in place to ensure that when there are changes to the health needs of people experiencing care, they are referred to appropriate health professional in a timely manner.

In order to do this, you must:

- a) Demonstrate that staff will contact relevant healthcare professionals timeously when people experiencing care have a change in their presentations.
- b) Ensure where people experiencing care sustain falls, including unwitnessed falls, best practice is followed with regard to taking and recording vital and neurological observations.
- c) Ensure that when people experiencing care are prescribed pain analgesia, there is a pain assessment and plan in place to fully guide staff on how they are to be supported.
- d) Ensure that any pain medication administered is evaluated with each person to ensure it is effective and further medical advice sought if not.
- e) Ensure that managers robustly monitor and audit the health needs of people experiencing care.

**This is in order to comply with: Regulation 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 care and support is consistent with Health and Social Care Standards (HSCS), which state that:**

**'I am assessed by a qualified person, who involves other people and professionals as required.'** (HSCS 1.13)

**This requirement was made on 12 September 2024.**

### Action taken on previous requirement

The service had made sufficient progress in this area. The service was working closely with external health and social work professionals. This meant people were being assessed by the right person to improve their health and wellbeing, for example, mental health nurses where a person was living with dementia and

experiencing stress and distress.

Where people had experienced a fall, including unwitnessed falls, we saw evidence that appropriate action had been taken. This included observation for any possible head injury. Falls risk assessments were up to date and preventive measures were in place to keep people safe, such as sensors. Appropriate consents had been obtained for the use of these.

We reviewed the service's medication system in relation to pain medication for people who were experiencing pain. Staff completed a pain assessment tool monthly which, to some extent, provided guidance to staff about how people's pain should be supported within care plans.

However, having reviewed examples of care notes arising from as required pain or other as required medication administration, there was insufficient evidence that effectiveness or otherwise had been evaluated with each person to ensure it was effective. This is vital to understand if further medical advice is required, if not effective. The service told us they were moving to a new medication system which will address this in the future.

This requirement is **Met**. However, we have made an area for improvement to ensure pain management and evaluation is addressed.

**See area for improvement 1 under Key Question 1- 'How well do we support people's wellbeing?'**

**Met - outwith timescales**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## 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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
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.