

An Acarsaid (Care Home) Care Home Service

Liveras Park
Broadford
Isle of Skye
IV49 9AW

Telephone: 01471 822 670

Type of inspection:
Unannounced

Completed on:
10 February 2025

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2012307181

About the service

An Acarsaid is a care home registered to provide a care service for up to 10 older people, this includes a bed for step up/step down care. The service is located in Broadford on the Isle of Skye, and is close to a range of local amenities.

Accommodation is provided over two floors, with a lift available for access to the upper floor, en suite facilities are available in all bedrooms. There is an open plan dining room and lounge, and some smaller seating areas located throughout the home. There is a spacious conservatory which has pleasant views out to the garden and local area.

The provider is NHS Highland.

About the inspection

This was an unannounced inspection which took place between 3 and 10 February 2025. The inspection was carried out by one inspector 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 four people using the service and five of their visitors or relatives
- spoke with 10 staff and management
- spoke with three visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- People were treated kindly by staff who knew them well.
- Quality assurance systems and processes needed to be more robust.
- Regular reviews of care and support plans were not taking place.
- There was a warm and homely atmosphere in the care home.
- Staff were not receiving regular formal supervision to reflect on their practice.
- The internal areas of the building were pleasant and well-maintained, some external maintenance was needed to the building and grounds.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We saw kind, caring and compassionate interactions between staff and the people they support. Staff clearly knew people well, they were attentive to their needs and were able to provide comfort and reassurance effectively because of this.

One relative told us:

"I would just call it a perfect home. Staff go above and beyond."

Meals looked appetising and people told us they enjoyed the food served. Kitchen staff were familiar with allergies and dietary preferences, and alternative menu choices were offered to people when requested. Where people required support to eat this was done so in an attentive and unhurried manner, this meant people benefitted from an enjoyable mealtime experience.

Medication was stored safely and securely. Where PRN ('as required') medication is prescribed, a clear protocol should be in place to offer guidance on when this should be administered, the desired effect, and when further action should be taken. There were not clear protocols in place for people prescribed PRN medication, this meant there was potential that PRN medication may not be administered correctly which could impact on people's emotional and physical wellbeing (**see area for improvement 1**).

Activities such as live music, games, and themed celebration days were planned throughout the year. People spoke fondly of how special occasions such as birthdays are celebrated by the service.

Staff responded appropriately and liaised with external health professionals when required, this meant people had access to responsive health care.

One professional told us:

"Communication from the home is fantastic. There is a brilliant atmosphere and such a good working relationship between us and all the staff here."

Areas for improvement

1. To ensure people receive their medication in line with their assessed support, the service should ensure protocols are in place for the administration of PRN ('as required') medication. These should clearly set out guidance on when medication should be given, the desired effect, impact, and when further action should be taken. Clear records relating to the administration of PRN medication should be completed by staff.

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

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The management team were visible to those living in the home, and both people and their relatives told us they felt comfortable approaching the management team with any queries or concerns.

There was a range of organisational quality assurance processes in place in the home to monitor the standards of care, including monthly audits and checks of documentation. We found these processes were not consistently being completed or used effectively, and during the inspection we identified a number of gaps in health and care records which should have been highlighted during routine quality assurance checks.

Where the quality assurance processes had identified improvements necessary, such as discrepancies in people's weight records, these had been added into the service improvement plan but it was not clear how these were being actioned or the timescale for this. The current quality assurance processes are not being used effectively to provide the management team with oversight of the quality of care and support provided in the home. It is important services have an effective quality assurance system in place to monitor the quality of service provision and track the progress of improvements to ensure better outcomes for people (**see requirement 1**).

There should be regular formal observations of staff practice and formal supervision to assess staff learning and competence, and enable the staff team to develop their practice through reflection. Staff were not receiving formal supervision, and observations of practice were not being completed regularly for all staff at the time of inspection. We were not able to sample up to date training records so were unable to confirm if individual staff training needs were being identified. Team meetings should be an important part of staff communication and team building, these were held regularly, however, turnout was variable and staff did not always have access to meeting minutes if they were unable to attend (**see requirement 2**).

Requirements

1.
By 10 May 2025 the provider must ensure that people experience a service which has a culture of continuous improvement, underpinned by transparent quality assurance processes.

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

- a) ensure there are formal quality assurance systems in place which cover all key areas of service delivery, and effectively identify issues which may impact on the health and wellbeing of people
- b) demonstrate how actions are taken to address any identified improvements
- c) ensure the service improvement plan is updated to reflect ongoing improvements and their progress.

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

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

2.

By 10 May 2025 the provider must have effective communication and supervision arrangements in place to ensure people are supported by staff who engage in reflective practice and communicate effectively as a team.

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

- a) ensure staff supervision is held in line with organisational guidelines to promote reflective practice and identify individual training needs
- b) ensure there is effective monitoring of staff competence through on-site observations to continuously improve staff practice
- c) ensure regular team meetings are held and attendance promoted to all staff. Meeting minutes should be made available to staff promptly following meetings.

This is to comply with the 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 that care and support is consistent with 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' (HSCS 3.14); and

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

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were supported by a dedicated staff team. Interactions between staff and people were kind and compassionate, and staff had taken time to develop strong professional relationships with the people they supported. One staff member told us:

"I enjoy my work here. The people are tremendous and staff genuinely care about and respect them."

Staff were clear about their roles and tried to be flexible in response to changing situations through the day, this included organising activities while the activities co-ordinator post remained vacant at the time of inspection. Staff responded promptly to buzzer calls and people consistently told us they felt staff were responsive when they needed support. One visiting professional told us:

"Staff are incredible, they go over and above for people."

The management team use a dependency tool to calculate the level of support people need, however, these formal assessments were not being used to consistently inform or evidence the staffing levels and skills mix needed within the home. A formal and ongoing assessment of staffing levels enables a management team to assess where and when this may need to be changed, and highlights times in the day when additional staffing could be necessary to provide responsive care (**see area for improvement 1**).

Areas for improvement

1. The provider should ensure that they use, review, and update appropriate assessments of the staffing levels and the skills mix of staff to ensure responsive care can be provided to all people throughout the day and night. This should take into account the changing needs of people and layout of the building, and be used to inform staffing rotas.

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

'People have time to support and care for me and to speak with me' (HSCS 3.16); and

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home was warm and welcoming, and was decorated in a homely manner. There were several communal areas for people to utilise as they wished, with a mixture of busier and quiet spaces to choose from. The maintenance staff were very knowledgeable and kept thorough records for all essential checks and internal maintenance completed in-house.

Communal areas were tastefully decorated and people's bedrooms were personalised with their belongings, photographs and artwork, this meant people could enjoy an environment which reflected their personal wishes. There was lots of natural light throughout the building and people told us they enjoyed the use of the garden area when the weather allowed. All rooms were very clean and tidy, and a thorough housekeeping programme was being followed to maintain this.

External maintenance and routine checks by the building owner had not been completed and there were routine improvements and repairs required to ensure the building and garden areas remained safe and in good condition for people to enjoy (**see area for improvement 1**).

Areas for improvement

1. To ensure people experience high quality facilities all identified maintenance and repair tasks relating to the building and grounds should be recorded and carried out in a timely manner, ensuring there is no compromise to the safety of people.

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

'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, where strengths only just outweighed weaknesses.

People had care and support plans in place which contained important information relating to their outcomes, likes and dislikes, and life stories. Formal review meetings should be held every six-months or sooner if required, to ensure care and support continues to meet people's changing needs, and to provide an opportunity to gather feedback from people and those important to them. Formal six-monthly reviews were not currently being undertaken by the service (**see requirement 1**).

Appropriate legal paperwork was in place for most people who did not have capacity, where this paperwork was not present, the home was responsive to ensure it was promptly added. This is important to protect and uphold people's rights and ensure legal proxies, such as power of attorneys or welfare guardians, and their powers are clearly documented.

Where it was assessed that equipment such as bedrails or sensor alarms were necessary to keep people safe from harm the appropriate assessments and consents were in place. This meant these decisions had been made in agreement with the relevant people and ensured that support was provided in a manner which promoted people's human rights.

Where risks to people's health and wellbeing were known, such as choking, we did not see appropriate assessments in place to advise staff how to manage these. Risk assessments did not always give sufficient information about risks to people (**see area for improvement 1**).

People told us their wishes and choices were respected and that staff were familiar with these, for example, where they wished to eat their meals. Relatives told us that they felt staff knew their loved ones well and this meant care and support was attentive. One relative told us:

"I feel like the staff have got to know [my relative] well. I'm really pleasantly surprised at how much they know about my relative]."

Requirements

1. By 10 May 2025 the provider must ensure people's care and support is reviewed regularly.

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

a) ensure reviews take place at least every six months, or sooner where a person's needs change or a review is requested

b) ensure records of review meetings are kept. Records should include discussions, decisions made, and any actions taken at the review, these should also be shared with people's legal proxies where applicable.

This is to comply with the 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 Health and Social Care Standards (HSCS) which state that:

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

Areas for improvement

1. The provider should ensure that where risks to people's health and wellbeing are identified, risk assessments are completed and regularly reviewed to accurately reflect the steps to be taken to reduce or mitigate these risks. This should include, but is not limited to, choking risk assessments.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

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

To ensure people's health and wellbeing benefits from regular review and evaluation the provider and manager should ensure that review meetings, are held at six monthly intervals. These meetings should be documented. This should include:

- a) a summary of the discussion held;
- b) details of any decisions and actions to be taken.

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

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

This area for improvement was made on 28 November 2022.

Action taken since then

Six monthly reviews of people's care and support were not being completed at the time of the inspection.

This area for improvement has not been met and a requirement regarding this has been made under key question 5 (How well is our care and support planned?).

Previous area for improvement 2

The provider should continue to develop strong leadership and staff competency by embedding daily quality assurance processes. This should include signing or completing oral health care charts, topical medication charts, skin integrity checks, and reviewing food and fluid monitoring charts. This will ensure that staff meet the legal requirements for recording care, and support accurate assessment and evaluation of care.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 28 November 2022.

Action taken since then

Documents sampled had not been consistently audited, and there was inconsistencies in the quality of recording on health and care documents.

This area for improvement has not been met and a requirement regarding this has been made under key question 2 (How good is our leadership?).

Previous area for improvement 3

To ensure people benefit from a culture of continuous improvement, the service should ensure that they :

- a) implement a quality assurance framework that they use meaningfully to assess where improvements can be made;
- b) incorporate checks of the environment;
- c) continue to develop their service improvement plan, which takes account of the results of regular audits, feedback from people, and observations of lived experience.

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

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 28 November 2022.

Action taken since then

Checks of the property and internal maintenance were being carried out regularly. External areas of the property had not been maintained and this is discussed further in key question 4 (How good is our setting?).

There were inconsistencies in the current quality assurance processes and these were not providing a robust system to support meaningful improvement within the service. A service improvement plan was in place, this had not been regularly updated to reflect current actions and progress in relation to improvements within the service.

This area for improvement has not been met and a requirement regarding this has been made under key question 2 (How good is our leadership?).

Previous area for improvement 4

To ensure that staff benefit from a culture of reflective practice and continuous learning the provider should:

- a) review staff training needs;
- b) plan a programme of staff meetings which are used to plan and discuss service development;
- c) plan staff supervision meetings, and use these as an opportunity to develop understanding of individual learning needs;
- d) continue with a programme of planned competency assessments and observational practice to inform individual and service development.

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' (HSCS 3.14).

This area for improvement was made on 28 November 2022.

Action taken since then

There were limited documents available relating to staff training needs and training courses which staff had completed, this did not provide clear oversight of staff training during the inspection.

Some observations of staff practice and assessments of competency had been carried out, these had not been completed for all staff. Staff supervisions were not being carried out regularly.

This area for improvement has not been met and a requirement regarding this has been made under key question 2 (How good is our leadership?).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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

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