

Tigh-a-Rudha Residential Home Care Home Service

Scarinish
Isle of Tiree
PA77 6UH

Telephone: 01879 220 407

Type of inspection:
Unannounced

Completed on:
11 March 2025

Service provided by:
Argyll and Bute Council

Service provider number:
SP2003003373

Service no:
CS2003000462

About the service

Tigh-a-Rudha is a residential home for older people situated in a residential area of Scarinish on the Isle of Tiree.

The service is currently registered to provide residential care to a maximum of 12 people, including two places for respite or short breaks and two under the direction of local GP's.

At the time of the follow up inspection, the home was undergoing major refurbishment work to upgrade the bedrooms and communal areas. Residents moved into their new en suite bedrooms in October 2024, which have spectacular views over the beach and ocean. There is open access to the enclosed gardens.

At the time of inspection, there were five people living in the home. The registered manager was supported by senior carers and carers.

About the inspection

These were unannounced inspections, to follow up on requirements from the inspection finalised on 23 October 2024. The first follow up was carried out remotely on 17 December 2024 and an onsite inspection on 11 March 2025 by one inspector from the Care Inspectorate.

To prepare for the inspections we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service
- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The refurbishment of the environment remained ongoing, with people benefitting from their newly purpose built en suite bedrooms.
- Fire safety systems and on-call buzzers had been reinstated, improving peoples safety.
- The staff team had improved health monitoring information, giving a clear overview of health concerns and connections with professionals.
- The staff team had improved medication recording, however there needs to be further development in relation to guidance around prescribed as required medication to ensure consistency of support.
- To ensure the safety of people, improvements were still required in relation to external and internal ongoing maintenance within the environment.
- Improvement was evident in most required areas made during the previous inspection. As a result, people's needs were being met more effectively and safely.

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

In relation to this key question, two requirements were evaluated from the initial inspection. Since then the service had put an action plan in place to manage the improvements needed.

The service had improved their recording in relation to medication administration. Further work was needed to develop protocols in relation to as required medication. An area for improvement will be created in relation to this.

Information recorded in relation to people's health and wellbeing had improved. To ensure ongoing development the manager should be clear about when monitoring charts should be used, why and dates for review. An area for improvement will be created in relation to this.

Please see "What the service has done to meet any requirements we made at or since the last inspection" for further details.

Areas for improvement

1. The provider should have robust systems in place to ensure safe and effective management of medication which follows good practice guidance.

This should include detailed as required protocols for each medication that has been prescribed "as and when required". Information should guide staff on when medication should be given, expected outcome and thresholds for further action.

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).

2. To keep people safe and promote their health and wellbeing, the provider should ensure recording in relation to health and wellbeing is consistent across the service. This should include monitoring charts being implemented and fully completed, when assessed as being required. These should detail why they are in place, actions required and evidence of action being taken if expectations are not achieved.

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

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

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

Requirements

Requirement 1

By 31 January 2025, the provider must ensure communication and recording in relation to health and wellbeing needs is consistent across the service to keep people safe and promote their health and wellbeing.

This should include, but not be restricted to, monitoring charts being completed accurately and appropriate actions taken, professional visits and communications logged detailing outcomes and actions.

Communication in relation to people's health and wellbeing should be effective, both internally and externally.

This is to comply with Regulation 4 (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 benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

This requirement was made on 23 October 2024.

Action taken on previous requirement

There was clear information recorded in relation to peoples health and wellbeing needs.

We saw detailed recordings regarding communication with health professionals where there were concerns over peoples health and wellbeing. Actions required were documented and followed up.

Bowel monitoring information had been consistently logged over past few months. This gave clear overview of the effectiveness of peoples bowel medication.

As there was no identified issues with eating and drinking, no food or fluid monitoring charts were currently in place. Daily notes referenced intake, especially when people had been unwell. We discussed having clear criteria for when food and fluid charts would be implemented with review dates agreed.

This requirement is met, we will however, create a new area for improvement to ensure the ongoing improvement and development of monitoring information.

Met - within timescales

Requirement 2

By 31 January 2025, to keep people safe, the provider should ensure that medication is managed safely and effectively in line with best practice guidance.

In order to do this, the provider should at a minimum:

- a. ensure there is a clear system in place for reporting errors or discrepancies to enable checks to be carried out and corrective actions to be taken
- b. improve consistency of recording of medication, including topical medication in line with prescriber's instructions
- c. ensure 'as required' medication protocols give clear guidance in relation to their usage and threshold of when further actions should be taken
- d. ensure that effective systems are in place to assess and monitor medication management.

This is to comply with Regulation 4 (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:

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

This requirement was made on 23 October 2024.

Action taken on previous requirement

Medication administration recording had improved across the service, with clear information documented of medication administered and daily counts. Topical medications applied had been consistently recorded.

Medication audits were being carried out monthly, which identified improvements required. Senior staff shared there was more understanding of the need for protected time whilst administering medication, which was minimising recording errors.

Medication prescribed as required did not have protocols guiding staff on when this should be administered. An area for improvement will be created in relation to this, to ensure consistency of support.

Met - within timescales

Requirement 3

By 22 April 2025, the provider must ensure that robust and effective quality assurance processes are in place. They must give an oversight of all aspects of the service and ensure identification of areas requiring action for the continuous improvement of the service.

This should include but not be limited to:

- a. the registered manager utilising a quality assurance framework clearly detailing the expectations and requirements to ensure effective organisational governance and complete oversight of the service and ongoing key activities

b. quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service

c. quality audits including care planning, finance and medication must be fit for purpose and used consistently across the service. Audits must be accurate, up to date and ensure they lead to the necessary action to achieve improvements without delay

d. the management team having clear oversight of people's health and wellbeing needs and actions required to promote good health and wellbeing

e. service management have a clear overview of staff registration, training and identified gaps, supervision and observations of practice.

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

This requirement was made on 23 October 2024.

Action taken on previous requirement

Not assessed at this inspection due to timescales of requirement.

Not assessed at this inspection

Requirement 4

By 31 January 2025, to ensure the safety of people, the provider must ensure all staff are appropriately registered with their regulatory body.

This is to comply with Regulation 9(1) (Fitness) 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 confident that the people who support and care for me have been appropriately and suitably recruited' (HSCS 4.24).

This requirement was made on 23 October 2024.

Action taken on previous requirement

The registered manager was checking the SSSC register regularly. However, one staff member was not registered, following a request for an extension. This had not been identified by the manager or the staff member.

A number of other staff who were acting senior care workers required to register as supervisors as opposed to support workers. All other staff were registered as would be expected.

This requirement was not met, an extension was agreed to 22 April 2025.

Not met

Requirement 5

By 22 April 2025, the service provider must ensure all staff receive training appropriate to their role and particular to the needs of people supported. To promote the safety and wellbeing of people, staff must apply their training into practice.

To do this the provider must, at a minimum:

- a. ensure all staff receive appropriate induction and core training, as directed by training needs analysis including dementia, managing stress and distress and any other relevant condition specific training required
- b. ensure that key training to keep staff and people supported safe is current and up to date for all staff
- c. monitor staff competence through regular supervision, team meetings and direct observations of staff practice, including medication observations
- d. keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

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 have confidence in people because they are trained, competent and skilled, are able to reflection their practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 23 October 2024.

Action taken on previous requirement

Not assessed at this inspection due to timescales of requirement.

Not assessed at this inspection

Requirement 6

By 22 April 2025, the provider must ensure that effective methods are in place to meet people's assessed care and support needs.

This must include, but not be restricted to:

- a. regular staffing assessments and planning based on current guidance. These should take into account a variety of meaningful measurements including people's assessed needs and support preferences. This should be responsive and adaptable to meet people's changing needs
- b. staffing levels and skills mix are based on people's outcomes and needs.

This is to comply with Section 7 (1) and (2) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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

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

This requirement was made on 23 October 2024.

Action taken on previous requirement

Not assessed at this inspection due to timescales of requirement.

Not assessed at this inspection

Requirement 7

By 30 January 2025, the provider must ensure that the environment is safe and protects people who live, visit and work in the service from harm.

To do this the provider must ensure that all internal and external maintenance, servicing and safety checks are being carried out in line with good practice guidance and organisation requirements.

Any resultant actions must be detailed and taken without delay.

This is to comply with Regulation 4(1) (a) (Welfare of users) and Regulation 10(2)(b) and (d) (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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My environment is secure and safe' (HSCS 5.17).

This requirement was made on 23 October 2024.

Action taken on previous requirement

With the exception of regular fire alarm and call buzzer checks, other ongoing regular maintenance checks had not been getting carried out, as there was currently no maintenance operative in post.

As external maintenance checks were organised from head office, the service did not have access to the certificates to give assurances that maintenance checks and servicing had been carried out. There were dates recorded on some equipment, however this was not clear for all. The manager was not confident that all external servicing and maintenance had been carried out as required.

This requirement was not met, and we agreed to extend to 22 April 2025.

Not met

Requirement 8

By 2 December 2024, the service provider must ensure that people living in the service are safeguarded and that their health, welfare and safety needs are effectively managed and met.

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

- a. the call system is in working order and all people have the ability to alert staff when required.
- b. the fire alarm system is effective in alerting emergency services in the event of an emergency situation.
- c. in the event of any safety equipment not being functional a clear contingency plan should be in place and communicated to all relevant parties, to ensure the ongoing safety of people.

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

This requirement was made on 23 October 2024.

Action taken on previous requirement

A newly installed on-call buzzer system was active in all residents rooms. Residents were aware of the buzzers and how to use them. One resident shared that they knew how to use the buzzer although chose not use it and summoned staff in other ways, stating staff always responded quickly.

The on-call system was being checked weekly with no issues identified.

The fire alarm was operational and linked to the fire service. An issue had been identified with call-backs from the monitoring station, upon activation of the alarm, however the fire service were linked and responding.

Regular fire alarm checks were in place, being carried out by staff. Fire drill had been planned within the next few days.

Met - outwith timescales

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 improve the consistency of quality assurance systems, the provider should explore and clearly define roles and responsibilities for the senior staff team, including senior management, the manager and senior staff.

Senior staff should be enabled to carry out their role to build confidence in the senior team to develop and improve the service.

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

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

This area for improvement was made on 23 October 2024.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 2

To ensure the safety of people, the provider must agree and implement a robust and effective on-call system. All staff should be aware of the process to follow, in the event of requiring support when there is no management within the building.

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 23 October 2024.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 3

To ensure that people receive the right support at the right time, the provider should ensure care plans are up to date and detail accurate information.

This should include:

- a. each person has a detailed care plan which reflects a person-centred and outcome focused approach directing staff on how to meet people's care and support needs
- b. anticipatory care plans should be detailed and person specific, with staff fully informed of the person wishes
- c. stress and distress care plans should be in place, for people who display signs of stress and distress. These should be descriptive giving clear guidance on how support should be provided
- d. care plans contain accurate and up to date individualised risk assessments, which direct staff on current or potential risks and risk management strategies to minimise risks identified
- e. care plans are regularly reviewed and updated with involvement from people, relatives and advocates.

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).

This area for improvement was made on 23 October 2024.

Action taken since then

Not assessed at this inspection.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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