

Leverburgh Care Home

Care Home Service

Ferry Road
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Isle of Harris
HS5 3UA

Telephone: 01859 520 296

Type of inspection:
Unannounced

Completed on:
10 February 2025

Service provided by:
Free Presbyterian Church of Scotland

Service provider number:
SP2003002102

Service no:
CS2003009709

About the service

Leverburgh Care Home is a care home for older people situated in a small residential area on the Isle of Harris. Transport links are limited for the care home but there is a community wheelchair accessible vehicle available locally for the service to book and use. The service provides residential care for up to 17 people, although the provider has capped this currently at 15 people due to staffing constraints.

Accommodation is arranged over two floors in single bedrooms where 15 have an en-suite toilet and wash hand basin, with the other two having en-suite shower rooms. There is one main lounge / dining area on the ground floor and an additional sitting room upstairs on the first floor. The garden is accessible for people.

About the inspection

This was an unannounced inspection which took place between 5 - 6 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 six people using the service and made contact with several of their family/legally appointed guardians via an email survey;
- spoke with several staff and the manager, as well as a number of staff through our email questions;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- People were well looked after by staff.
- The manager and provider needed to ensure that appropriate recruitment records were kept and processes followed.
- The manager needed to work together with staff to identify ways to free up time for them to complete their mandatory training.
- People's personal plans were not sufficient enough to direct staff.

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?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People experienced care and support which was respectful, kind, and compassionate. They knew the staff well because the staff team had been mostly stable. People told us:

- 'They're a kind bunch of staff here'.
- 'I get on well with the staff, I would say I know all of them'.
- 'Everyone is nice here'.

People told us they enjoyed their meals and snacks. The cook knew people's preferences and made a range of home bakes for people. Staff communicated well with the cook and this was apparent in our observations during mealtimes. From our observations at mealtimes, staff should slow down the pace down, so that people could enjoy the social aspects of dining together. Although everyone was aware of people's preferences, the manager needs to consider how they best support people's choices at mealtimes. For instance, menus need to be available; more offers of choice to people, for example showing them plated up options to enable their ability to choose.

Staff need to make sure that people always have access to drinks, particularly if they choose to stay up later. We observed a lack of drinks being available at this time during our inspection (see area for improvement 1). This would support people's enjoyment in the evening, which may mean some people then feel more comfortable to sit and enjoy the later evenings.

Staff managed people's medication needs on an older system of recording. Whilst this was not the best way, it was a system which worked well for people and was being well managed. Staff should develop protocols for people's as required medication, to help guide consistently the correct use of the medication. Staff should record the effectiveness of as required medication (see area for improvement 2).

Staff had appropriate knowledge of people's needs and were supporting people in a way which was right for them. People felt safe and told us they were treated well by staff. We observed many warm, kind, and compassionate interactions between staff and people living there. People told us:

- 'Aye, they support me right, sometimes they keep me right as well'.
- 'I feel very comfortable with the staff here'.
- 'I get on well with everyone'.

Family members, some of whom acted as legally appointed guardians, spoke highly of the service. They told us about many positive things like:

- 'I have never, ever had any reservations or cause for concern since the day they went into care at Leverburgh'.
- 'I am very confident that they are well looked after, and I can see they go beyond to ensure that the residents have a good quality of life'.
- 'Overall, I am very happy with the care they receive'.
- 'As a family, we feel they benefit from being in a care home in Leverburgh'.

- 'We can't fault the running of the care home'.

Staff had inconsistently put in place health-based assessments, which meant that there was a potential for risks to not be identified. For instance, a person at risk of choking should have a choking risk assessment in place, which is regularly reviewed; people's weights should then be used to monitor their risk of malnutrition; a range of assessments in relation to people's skin integrity, which would then identify the preventative measures that should be in place (see requirement 1).

The service had a close working relationship with the local GP practice. The GP knew the service well and was a frequent visitor to see people. They told us about their positive working relationship with the service and staff. Because of their long-standing working relationship they knew the people who lived there well.

People's cultural and faith-based needs were being met in Leverburgh and this was important for them. People were offered a range of opportunities to take part in this.

Staff offered a limited range of activities to people on a day-to-day basis. Some people felt they were bored at times, but others explained they were content with their day. Staff needed to look at ways to develop their activities programme for people, with the aim of enhancing choices on a day-to-day basis (see area for improvement 3).

During the Covid-19 pandemic, the manager and the team had made changes to a small lounge, which then became the staff room. We discussed with the manager the need to consider how the staff room is now returned back to the original use. We felt this was important given the size of the other shared living and dining room space.

Requirements

1. By 21 April 2025, the provider must ensure that people's health and wellbeing needs are being met and that health-based assessments are used to support getting it right for people.

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

- a) ensure that staff are knowledgeable and skilled to complete the health-based assessments;
- b) ensure that everyone living in the care home has a comprehensive set of health-based assessments in place, which are updated and reviewed regularly; and
- c) that risk reducing measures are put in place to address any risks to people's health and wellbeing as a result of these assessments.

This is to comply with Regulations 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 states that:

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

Areas for improvement

1.

To support people's diet and hydration needs, staff should make available a selection of drinks and snacks at all times, particularly when people choose to stay up later in the evenings.

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

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.' (HSCS 1.35); and 'I can drink fresh water at all times.' (HSCS 1.39).

2. To improve people's medication and to help guide staff, the provider and manager should introduce protocols for as required medication, and set out a way in which staff can record if the medication had been effective.

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).

3. To improve the opportunities people have available to them on a day-to-day basis, staff should introduce a comprehensive activities plan based on people's preferences.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the potential welfare and safety of people, we made a requirement for the service to address.

Up until most recently, the manager had been covering shifts for a number of months due to staff shortages. They found it difficult to recruit staff due to the rurality of the service and had been using agency to support core staffing. The effect of this meant they had not been able to carry out aspects of their job role and most management and leadership areas required attention. Additionally, the depute manager and seniors had also been covering core shifts, which meant they had been unable to support with this either.

The provider, Free Presbyterian Church of Scotland, had an active management committee which in part supported the manager and the service. During the inspection we were able to meet with a representative from the management committee alongside the manager and administrator. We discussed the need for the provider to be more present in their support to the manager and service, to help to support the necessary improvements.

The manager should not return to covering core shifts to the level which had occurred recently, as this created risks to the effectiveness of the service and of the experiences to people. At the time of our inspection we did not identify that people were being harmed, but we recognised there was the potential risk of harm due to the required improvements.

The manager's responsibilities included many competing aspects, and some additional support was required to address our concerns. The manager and the representative from the provider agreed that additional supports were needed.

The manager had a range of tools available through the different computer based systems they had contracts with. They had not had the time to fully consider how to use these systems to enhance various aspects of the service, therefore we make a requirement here which brings together the range of concerns we had (see requirement 1).

Families and staff felt the manager was approachable and kind in their approach and would listen and support fully with their enquiries. The manager had positive working relationships with the people, their family, staff, and external professionals and that was evidenced in feedback we received from people. People told us:

- 'We feel the manager is exemplary'.
- 'I have open conversations with the manager'.
- 'We feel the manager is approachable and responsive'.

Requirements

1. By 5 May 2025, the provider must ensure people are provided with the right care and support which is led and managed well.

To do this, the provider must, as a minimum but not limited to, ensure:

- a) there is sufficient and appropriate capacity and capability within management and leadership roles to introduce an effective quality assurance timetable for audits;
- b) this then leads to the creation of a service improvement plan, which identifies the areas they intend to improve and develop. This should identify, how, timescales and a description of the outcome they hope to achieve, and review the improvement plan regularly; and
- c) additionally, the provider supports the manager to make the necessary improvements identified, which then enables a self-evaluation approach, leading to a way of working which supports continuous improvement.

This is to comply with Regulations 3 and 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made two requirements for the service to address.

The provider had limited information recorded for a new staff member which demonstrated they were not following safer recruitment guidance. We had to signpost the manager to the 'Safer recruitment through better recruitment' guidance. The manager and provider must ensure that there are appropriate recruitment processes in place that demonstrate the principles of safer recruitment (see requirement 1).

Following on from this, the manager and provider need to ensure there are processes in place to set out the induction for new staff, the training they are required to complete, and how they review with staff routinely how they are settling in. There should be formal supervision and appraisal opportunities for all staff.

The manager used an online training tool to provide training for staff. We asked the manager to add additional and relevant training courses to the mandatory training as the initial list was not adequate. Staff had not completed their mandatory training to an acceptable level. The manager must carry out a training needs analysis to identify the right level of training required for each of the roles within the service. When we asked staff why their training was not up to date, many had mentioned they were expected to do this in their own time. Further to this, the manager should review the barriers staff felt were present, to address this area (see requirement 2).

It was difficult to determine whether staffing levels were appropriate to meet people's needs. The manager had not been able to complete an analysis of people's dependency which meant a staffing assessment had not been done either. That said, the manager was able to describe the narrative around the staff levels they provided. Staff told us about staffing numbers being tight and how it was a struggle at times, but they mostly had the planned level of staff on shift and that they worked well together. This was apparent in our observations of staff working, which demonstrated good communication and a willingness to work together.

We shared with the manager the safe staffing guidance and asked them to put in place methods around assessing this, to ensure the staffing was right for the people living in the care home (see requirement 3).

Requirements

1. By 14 April 2025, to ensure that people are cared and supported by people who are suitable to work in the home, the provider must ensure that safer staffing practices are followed.

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

- a) review their current recruitment practices against the 'Safer recruitment through better recruitment' guidance document, identifying ways to make sure their recruitment processes are then safe;
- b) implement as soon as possible an improved recruitment process which is evidenced and fully recorded throughout; and
- c) develop a quality assurance step that ensure that potential staff's recruitment file has been fully completed, and that this is counter signed by another competent person.

This is to comply with Regulation 9(1) 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 who support and care for me have been appropriately and safely recruited.' (HSCS 4.24).

2. By 5 May 2025, to promote the safety and wellbeing of people, the provider must ensure that staff receive mandatory training and development opportunities to enable them to demonstrate competency in their roles.

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

- a) undertake a training needs analysis to identify what training is required for each role. This needs to include a more robust list of essential training;
- b) implement processes that ensure that all staff are compliant, and complete their mandatory training as soon as possible;
- c) maintain an accurate record of all staff training, including refresher training; and
- d) implement quality assurance systems to evaluate the effectiveness of training and be able to demonstrate staff competency in their job roles, through competency checks and / or practical supervisions.

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

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

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

3.
By 5 May 2025, to promote the safety and wellbeing of people, the provider must ensure they have safe and appropriate levels of staff to support people.

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

- a) initially, assess people's baseline dependency assessments;
- b) use the outcomes of people's dependencies, to evaluate staffing levels, taking into consideration of the safe staffing guidance; and
- c) review both the dependencies of people and the staffing analysis on a monthly basis at least. This may require to be reviewed sooner if staffing or people's needs change substantially, in-between the monthly review period.

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

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

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

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The provider had carried out some redecoration to parts of the care home, and there were additional plans to update some furnishing. On our first walk around the home, we found things were disorganised. In part this had been because staff had needed to support people along to their morning worship. We asked the manager to ensure that things were left tidy at all times to make sure the environment was safe. We highlighted these concerns with the manager during this walkaround.

The combined living and dining room was overall not large enough to function adequately as both, and we made comment of this under key question 1. Because of this, we asked the manager to look at returning the staff room back to being a small lounge (see area for improvement 1).

The way the laundry was set up needed work to make the flow of dirty and clean washing safer. The main washing machine waste pipe required fixing as it had been leaking wastewater for an unacceptable amount of time (see area for improvement 1).

Areas for improvement

1. People should experience a setting that is well maintained and has enough physical space available to meet their needs and wishes.

To do this, the provider should:

- a) address the maintenance issues with the washing machine waste pipe;
- b) address the flow for dirty and clean washing within the laundry; and
- c) reallocate the staff room, returning it for the use of people who live in the care home.

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

'I have enough physical space to meet my needs and wishes.' (HSCS 5.20); and
'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. While the strengths had a positive impact, key areas need to improve.

Staff had completed some information within people's personal plans. However, staff needed to go back through people's personal plans to complete all of the necessary information. For example, health-based assessments, risk assessments, and additional care/support plans. This would then help to direct people's care and support consistently.

People had not had opportunities to give feedback on a formal basis, because staff had not planned in regular reviews. Staff need to organise people's reviews every six months, or sooner if the person's needs change and they need to fully seek the views of the person, and their family/legally appointed guardian (see requirement 1).

Families told us staff kept them informed about any changes their loved one experienced and many of the people who responded felt they were well informed.

Requirements

1. By 5 May 2025, the provider must ensure that people's personal plans sets out how their needs will be met.

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

- a) complete an audit of people's personal plans to identify what is required to make these right for the person;
- b) enable some time for staff to complete people's personal plans, which allows for meaningful involvement of the person and/or their legally appointed guardian;
- c) establish a schedule for reviews on a regular basis to ensure people's plans remain appropriate; and
- d) establish a schedule for formal six-monthly reviews to take place, again including the views of the person and/or their legally appointed guardians. Reviews may need to take place sooner than this if people's needs change substantially.

This is to comply with Regulation 2 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:

'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).

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 support people's wellbeing and social inclusion, the provider should ensure everyone has the opportunity to participate in activities as per their choice of interests and activity plan.

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

'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).

This area for improvement was made on 9 May 2022.

Action taken since then

This area for improvement has not been met and will be discontinued as we have made a requirement under key question 5 in relation to people's personal plans.

Previous area for improvement 2

To ensure that the service is providing a consistently high standard of care and support, and of environment the provider should implement a development/improvement plan .

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 area for improvement was made on 9 May 2022.

Action taken since then

This area for improvement has not been met and will be discontinued because we have made a requirement under key question 2.

Previous area for improvement 3

To ensure good outcomes for people experiencing care, the care service should ensure all care plans contain clear, accurate and up to date information about the support required .

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 9 May 2022.

Action taken since then

This area for improvement has not been met and will be discontinued because we have now made a requirement under key question 5.

Previous area for improvement 4

To promote good skin care staff should ensure that when people are prescribed emollients and creams as part of their planned care, that they administer them as prescribed and follow good practice guidance.

This is supported by "This is to ensure care and support meets my needs and is right for me." (HSCS 1.19).

This area for improvement was made on 8 October 2019.

Action taken since then

This area for improvement had been met.

Previous area for improvement 5

Each person should have robust risk assessments in place relevant to their care and support needs. These should be regularly reviewed and should clearly evidence any measures in place to reduce risk. Reviews should follow when needs change, or, if an accident or incident relevant to that assessment occurs.

This is supported by "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 8 October 2019.

Action taken since then

This area for improvement had not been met and will be discontinued as we have made a requirement under key question 5.

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
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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